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ABSTRACT

The research described in this report identifies the major health, education, and welfare-related needs of Cuban Americans as defined by directors of Cuban community service organizations and Cuban beneficiary populations in the selected urban areas of Miami/Dade County, Union City/West New York, New York City, Los Angeles, and Chicago. Data from questionnaires administered to the samples are analyzed through use of the Statistical Package for the Social Sciences (SPSS). Although the findings differ slightly from area to area, in general the findings are as follows: (1) In education, Cuban teachers are underrepresented in educational institutions, Cuban dropout rates are increasing, financial aid programs and bilingual education programs are being underutilized, and public child care is inadequate. (2) In the social services, language and transportation problems increase service problems. (3) Language barriers, cost, and location factors influence the use of health services; hypertension and nonalcholic cirrhosis rates are higher for Cubans than for other groups. Overall, the data show that, although Cubans as a group have adjusted quickly to American society, many Cubans experience the social difficulties and problems characteristic of immigrants. The research findings are related to recommendations intended to help the government develop policies or modify existing policies, toward the end of improving delivery of services to Cubans. (CMG)

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EVALUATION AND IDENTIFICATION OF POLICY ISSUES IN THE CUBAN COMMUNITY

ED237604

GUARIONE M. DIAZ
(Editor)

CUBAN NATIONAL PLANNING COUNCIL, INC.
MIAMI, FLORIDA, 1980

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EVALUATION AND IDENTIFICATION

OF POLICY ISSUES IN THE CUBAN COMMUNITY

Cuban National Planning Council, Inc.

Miami, FLorida

July 1980

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TABLE OF CONTENTS

	Page
PROJECT STAFF	i
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	1
LIST OF TABLES	3
EXECUTIVE SUMMARY	7
CHAPTER I. INTRODUCTION	17
Statement of the Problem	
Objectives of the Study	
CHAPTER II. METHODOLOGY	21
Survey Design	
The Probability Samples	
The Purposive Samples	
Questionnaire	
Field Procedures	
Call Backs	
Data Preparation and Analysis	
Scope and Limitations of the Study	
CHAPTER III. SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF MIAMI AND UNION CITY SAMPLES	31
Origin and Nativity	
Age Structure and Sex Composition	
Length of Residence in the United States	
Household Size	
Relationship to Respondent	
Marital Status	
Race	
Language	
Income	
Occupational Structure	
Employment Status	
Demographic Characteristics of the Respondent	
Conclusions	
CHAPTER IV. EDUCATION: MIAMI AND UNION CITY	65
Level of Schooling in United States and Cuba	
Language Preference	
Length of Residence in the United States	
Current School Enrollment	
Enrollment in Public or Private Schools	
Financial Aid	
Bilingual Education	
Findings	
Recommendations	

Page

CHAPTER V. SOCIAL SERVICES UTILIZATION: MIAMI AND UNION CITY 90

Role of the Cuban Refugee Program (CRP)
Service Utilization
Supplemental Security Income
Aid to Families with Dependent Children
Medicaid
Medicare
Medicaid Screening
Social Security Assistance
Food Stamps
Unemployment Insurance
State General Assistance
Characteristics Affecting Social Service Usage: Profiles
The Under 20 Age Group
Cuban Women as Head of Households
The Cuban Elderly
The Unemployed
Findings
Recommendations

CHAPTER VI. HEALTH SERVICES UTILIZATION: MIAMI AND UNION CITY. 116

Hypertension and Nonalcholic Cirrhosis in the Cuban Community
Type of Health Services Utilized
Utilization of Health Services by Household Income
Difficulties Reported in the Utilization of Health Services
Findings
Recommendations

CHAPTER VII. THE PURPOSIVE SAMPLES OF NEW YORK, CHICAGO AND LOS ANGELES. . . 138

Social and Demographic Characteristics
Employment Status and Occupation
Summary
Education
Educational Attainment in the United States and Cuba
Current School Enrollment
Public and Private School Enrollment
Enrollment in Bilingual Programs
Financial Aid
Findings
Recommendations
Social Services Utilization
Findings
Recommendations
Health Services Utilization
Findings
Recommendations

BIBLOGRAPHY 165

APPENDIX: QUESTIONNAIRE. 174

LIST OF TABLES

		Page
1.	Country of birth of the Miami and Union City sample populations	32
2.	Age distribution of the Miami and Union City sample populations compared to the total Cuban and Spanish-origin populations of the United States, 1979	34
3.	Age distribution of the Miami and Union City sample populations (detailed tabulations)	35
4.	Sex composition of the Miami and Union City sample populations compared to total Cuban, Spanish-origin, and U.S. populations, 1977	36
5.	Length of residence in the United States of the Miami and Union City sample populations	38
6.	Number of persons per household of the Miami and Union City sample households compared to total Cuban and Spanish-origin households of the United States, 1970	40
7.	Household composition of the Miami and Union City sample populations compared to total Cuban and Spanish-origin populations of the United States, 1977	42
8.	Marital status, by sex, for the Miami and Union City sample populations 14 years and older compared to the Cuban and Spanish-origin populations of the United States, 1978	44
9.	Racial composition of the Miami and Union City sample populations compared to total Cuban and Spanish-origin populations of the United States, 1977	45
10.	Language used at home by Miami and Union City respondents	48
11.	Language used at work by Miami and Union City respondents	48
12.	Language used at school by Miami and Union City respondents	49
13.	Language used in listening to the radio by Miami and Union City respondents	49
14.	Language used in reading newspapers by Miami and Union City respondents	50
15.	Language used in watching television by Miami and Union City respondents	50
16.	Income of the Miami and Union City sample households compared to Cuban and Spanish-origin families of the United States, 1979	52

Page

17. Income of persons 14 years and over of Cuban, Mexican, Puerto Rican, other Spanish, and nonSpanish origin in the United States, 1975, 1976, and 1977 54

18. Occupation of employed persons in the Miami and Union City sample populations compared to total Cuban, Spanish-origin, and nonSpanish-origin populations of the United States, 1979 56

19. Occupation of the total employed Cuban, Mexican, and Puerto Rican-origin persons in the United States, 1970, 1976, and 1979 58

20. Labor force and employment status of persons 14 years and over in the Miami and Union City sample populations and of persons 16 years and over in the Cuban, Spanish-origin, and white populations of the United States, 1979 61

21. Occupation of employed respondents in the Miami and Union City sample populations 63

22. Last school grade completed by persons in the sample populations of Miami and Union City who attended school in the United States, (cumulative percentages) 66

23. Last school grade completed by persons in the sample populations of Miami and Union City who attended school in Cuba (cumulative percentages) 67

24. Last school grade completed by persons in the Miami and Union City sample populations who attend or have attended school in the United States 68

25. Last school grade completed in Cuba by persons in the Miami and Union City sample populations who attended school in Cuba 69

26. Language spoken at home by the Miami sample population, according to last school grade completed in the United States and Cuba 74

27. Language spoken at home by the Union City sample population, according to last school grade completed in the United States and Cuba 75

28. Hispanic students, faculty, and administrators in the Dade County Public School System, grades K-12, 1977-1979 77

29. Hispanic students, faculty, and administrators for selected educational institutions of higher education in Dade County, 1979 78

30. Legal status in the United States of persons in the Miami and Union City sample populations enrolled in private and public schools 82

31. Source of financial aid received by persons in the Miami and Union City sample populations enrolled in any type of educational institution 83

Page

32. Legal status in the United States of persons in the Miami and Union City sample populations attending educational institutions 85

33. Total Cuban service users in Miami estimated from the Miami sample as compared to service users reported by the CRP for selected services with high frequency of utilization 92

34. Utilization of social services by the Miami and Union City sample populations 94

35. Utilization of social services and difficulties experienced by Miami respondents 96

36. Utilization of social services and difficulties experienced by Union City respondents 97

37. Utilization of social services by persons over 60 and under 20 years in the Miami sample population 98

38. Utilization of social services by persons over 60 and under 20 years in the Union City sample population 99

39. Miami recipients of AFDC, total and Cuban, January 1980 100

40. Number of Cuban recipients of State General Assistance sponsored by the Cuban Refugee Program, Miami, 1980 106

41. Utilization of health services by Miami and Union City sample households 120

42. Utilization of health services by Miami sample households, according to household income 125

43. Utilization of health services by Union City sample households, according to household income 126

44. Utilization of health services and difficulties experienced by Miami respondents 128

45. Utilization of health services and difficulties experienced by Union City respondents 130

46. Utilization of health services by Miami and Union City respondents, according to language spoken in utilizing the service 133

47. Selected social and demographic characteristics of the New York, Chicago, and Los Angeles sample populations 139

48. Selected employment and occupational characteristics of the New York, Chicago, and Los Angeles sample populations 141

Page

49. Last school grade completed by persons in the sample populations of New York, Chicago and Los Angeles who attend or have attended school in the U.S. 145

50. Last school grade completed in Cuba by persons in the sample populations of New York, Chicago and Los Angeles who attended school in Cuba 146

51. Enrollment in all types of educational institutions for the New York, Chicago and Los Angeles sample populations 147

52. Public and private school enrollment of persons in the New York, Chicago and Los Angeles samples who currently attend school in the United States 148

53. Bilingual program enrollment of persons in the New York, Chicago and Los Angeles samples who currently attend school in the United States 149

54. Source of financial aid received by persons in the New York, Chicago and Los Angeles sample populations enrolled in any type of educational institution 150

55. Utilization of social services by the New York, Chicago and Los Angeles sample populations 153

56. Utilization of social services and difficulties experienced by New York respondents 155

57. Utilization of social services and difficulaties experienced by Chicago respondents 156

58. Utilization of social services and difficulties experienced by Los Angeles respondents 157

59. Utilization of health services by New York, Chicago and Los Angeles sample households 160

60. Utilization of health services and difficulties experienced by New York respondents 161

61. Utilization of health services and difficulties experienced by Chicago respondents 162

62. Utilization of health services and difficulties experienced by Los Angeles respondents 163

EXECUTIVE SUMMARY

Project Title. The Evaluation and Identification of Policy Issues in the Cuban community.

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Statement of the Problem

The federal government lacks information on the health, education and welfare needs of the Cuban community. Specific data on Cubans is needed for federal agencies to set policies regarding the provision of services to Cubans. Health, education and welfare-related needs among Cubans have steadily increased since the 1970's. To date, research conducted on Hispanics has not focused on the specific needs of Cubans. Also, Cuban organizations lack the resources to conduct policy-relevant research which can produce an impact on agencies at all levels of government. Therefore, the need exists to assist an organization which has the research capability to address the above mentioned need, and is knowledgeable of the Cuban community in the United States. The problems encountered by Cubans vary according to place of residence, and to the demographic and socio-economic characteristics of particular Cuban subpopulations. Thus, in order to obtain specific policy recommendations, several cities with high Cuban density are to be studied. Likewise, research is focused on specific high risk groups such as the elderly, single parents, and school age children and young adults.

Objectives

The project identifies the main health, education, and welfare-related needs of Cubans as defined by Cuban community service organization directors and Cuban beneficiary populations in selected urban centers. Such needs are associated with different factors such as socio-economic characteristics of the population studied, awareness of specific services, barriers to service utilization, health factors particular to the Cuban population, etc. Research findings are related to recommendations helping the government develop policies or modify existing policies, toward the end of improving the delivery of services to Cubans. The project presents its research findings in a final report. Also, a separate report is prepared on interviews conducted with Cuban community organization directors in the target cities. Before the final report is completed, the project makes an oral presentation of its findings to community members in the five cities where research is conducted.

Methodology

In addition to conducting interviews with directors of Cuban community organizations in the five research cities, and conducting a review of the literature on Cubans, the project surveys the needs of Cubans in the cities of Miami, Union City-West New York, New York City, Chicago and Los Angeles. The research design includes the drawing of a random sample of Cubans in Miami[1] and Union City-West New York[2], and of a smaller purposive sample in

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[1]Throughout the report the cities of Union City-West New York will be mentioned as such or only as Union City.

[2]Throughout the report Dade County, Florida will be referred to as either Dade County or Miami. Although the Dade County area is commonly known as Miami, the County includes cities and unincorporated areas in addition to the city of Miami.

the three remaining cities. Data is collected by an average of twenty interviewers in each city. A questionnaire constructed by the project is administered to 1568 households in the five cities. Data from completed questionnaires is key punched and analyzed through the use of the Statistical Package for the Social Sciences (SPSS). Frequency counts as well as cross tabulations are analyzed from printouts and used for preparing both the text and tables of the final report.

Summary of Findings and Recommendations: Miami and Union City

This study provides both the government and the public at large a variety of research information on the Cuban community. It gathers for the first time data specific to health, education and welfare issues, and analyzes it in the socio-demographic context of a pluralistic and changing community. Cubans, as the data shows, no longer respond to the cliche of a golden exile. As a group, they have made a fast adjustment to American society. Yet, even as many Cubans achieved success in their new life in this country, others experienced social difficulties and problems characteristic of immigrants. Such problems, increasingly noticeable since the mid '70s, have become salient after the Mariel experience.

Language

As Cubans become a part of American society, they maintain some essential elements of their culture. Thus, most Cubans speak Spanish at home. Consequently, language plays a central role in the selection of health and social services, in the problems encountered in using these services, and in the satisfaction users have with the services received. This is particularly true for Cubans in the older age brackets.

Language also affects the socio-economic status of Cubans. Greater knowledge of English is related to less unemployment and is more prevalent among Cubans who are U.S. citizens.

Findings from both this and other studies give strong indications that Cubans are interested in learning English and seek opportunities to do so. For Cubans surveyed by this project, speaking both English and Spanish at home and elsewhere is positively related to their learning English and to their general educational advancement. The ability to speak both languages is common among Cuban college-level students.

In light of the above findings, this study recommends an increase in the availability of bilingual service personnel and/or translations in public service facilities. The latter include not only public hospitals and health centers but also government offices visited by Cuban recipients of services and programs such as SSI, Food Stamps, etc.

Increased delivery of public services in Spanish will reduce the language barier and improve service accessibility for those Cubans who use or would like to use these public services. Since respondents complained of the high cost of private facilities, a greater use of less expensive public serivces would ameliorate this problem. Thus delivery of public services in Spanish affects accessibility to public services both from a language and cost perspective.

Education

Adjustments facing Cubans in the United States go beyond the language issue. For example, education received in Cuba has little positive impact on income, employment, occupation, and U.S. legal status. On the other hand, for those educated in the United States, education has a positive impact on the above mentioned variables.

Although efforts to retrain professional teachers educated in Cuba have been made since the 1960's, they have not resulted in a proportional representation of Cuban teachers in Dade County's educational institutions. Cuban teachers, administrators and other support personnel remain largely underrepresented in Dade schools and few are found in schools with a predominantly Cuban-origin student body. A similar finding applies to Dade County higher learning institutions. This issue of retraining may be equally applicable to other selected professions as indicated by independent research.

Consequently this study has found that greater efforts are necessary to use the skills of professionals and semi-professionals trained in Cuba through the development of new programs which include stronger English proficiency and test-taking skills component. In addition, a comprehensive assessment of affirmative action in hiring procedures is needed at various levels of the educational system.

Last year's increase in the drop-out rate in the Dade County Public School System for Hispanics (80 percent of whom are Cuban) was the highest of any race or ethnic group (28 percent). It is urgent, then, to determine at the earliest possible time the reasons for the increase in the drop-out rate of Cuban students, especially since these might be associated with schoolrelated factors such as class placement, special learning difficulties, student-teacher relationships, academic programs, testing, etc.

Our data shows too that very few Cubans enrolled in Dade educational institutions are receiving financial aid. Comparisons with Cubans in Union City-West New York suggest Dade Cubans are underutilizing financial aid programs. It is interesting to note that those receiving financial aid have lived the longest in the United States and are either refugees or

citizens (as opposed to U.S. residents).[3]

As an educational option, bilingual education was favored by the directors of Cuban community organizations interviewed by the project. Our data indicates that bilingual education programs are being underutilized by Cubans in Union City-West New York. In the three purposive sample cities surveyed (New York, Chicago and Los Angeles) the study found that there are comparatively more Cuban students enrolled in bilingual education programs in Chicago than there are in New York City. Moreover, low and moderate-income Cuban students in New York and Chicago attend private schools in a much higher proportion than Cubans in Los Angeles or any other surveyed city.

In Dade County, there is a need for public child care in the areas of Little Havana and Hialeah. Survey data as well as other independent studies indicate that the lack of child care services is preventing Cuban mothers in lower income brackets from obtaining employment or other training services. Appropriate government agencies should foster and support the development of low-cost child-care facilities in the above mentioned areas. These new facilities should be open days and evenings, should be staffed with bilingual personnel and should offer services which are culturally sensitive to Cubans.

Social Services

Nearly half of the respondents who used Food Stamps and Supplemental Security Income (SSI) in Union City identified problems with these services. The most satisfied respondents were recipients of SSA and Medicare (those who have participated in the labor force).

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[3]For a full list of the different categories of citizenship status see Footnote 3 on page 72.

In both cities a greater variety of service problems are more acute among Cuban elderly who have not participated in the U.S. labor force. A user study should be encouraged to explain usage rates of government service by low-income Cuban elderly and to determine to what extent socio-economic characteristics affect satisfaction with service reception.

The most cited problem experianced by elderly respondents using welfare services in Miami was transportation, while in Union City, language problems were more prevalent. In Dade County, low and moderate-income Cubans, particularly those over 60 years old, should be provided with a transportation service that facilitates their usage of social welfare centers. This could be achieved through a well advertised "senior bus" service covering routes between key facilites and Cuban neighborhoods.

Health

In addition to the language considerations already cited, the preference for and usage of health centers by Cubans is related to the cost and location of such centers. Private clinics in Miami are largely used and preferred by low and moderate income Cubans, many of whom are in older age brackets. Even private clinics' low pre-paid fees seem to pose an economic hardship for older Cubans who use them. Thus, alternative ways to provide wider health coverage for Cuban seniors and low-income persons such as developing low-cost private neighborhood health facilities, or increasing the number of public service facilities in low-income neighborhoods need to be considered.

Very few Cubans in Miami and Union City rely on nursing homes for the care of their elderly. The vast majority of Cubans surveyed do not use "santeros" as a primary service of health care. Yet one out of every four respondents indicated they would use "santeros" if they needed them.

Usage of public immunization programs by sampled individuals varies in Union City and Miami, but this service is not reaching a significant number of low-income Cubans, particularly in Union City. Additional information about immunization services should be targeted at low-income Cuban neighborhoods through the network systems identified as most effective in each city studied.

Independant research data has uncovered a high incidence of hypertension among Cuban male adolescents enrolled in Dade County public schools. Another study shows that Cubans suffer from nonalcoholic cirrhosis of the liver at much higher rates than other groups. The above mentioned findings suggest that specific screening of Cubans for these health problems should be made by health practioners servicing the former in order to facilitate an early diagnosis and treatment. Hypertension research on Cuban students should extend beyond the school system itself and look for possible causes that might be noneducationally related. Finally, further research aimed at identifying the causes of these ailments should be supported, particularly those research projects already underway.

Summary of Findings and Recommendations:
New York City, Chicago and Los Angeles

As in Miami and Union City, respondents in the three purposive sample cities, especially in Chicago, reported having language-related problems while using health services. Respondents in Los Angeles reported problems with transportation.

Low and moderate-income respondents of all ages in Los Angeles and Chicago, especially those over 65 years of age, mentioned the high cost of private health services as a problem. These same respondents have low utilization rate of public health facilities, but indicate that they would use these services

if they were available to them. Increased accessibility use of existing public health facilities by sampled Cubans of all age groups would ameliorate this serious problem and is therefore recommended by this study.

As with their counterparts in Miami and Union City, Cubans residing in the three purposive sample cities do not rely on "santeros" as a primary source of health care. Very few Cubans in Chicago, Los Angeles and New York are nursing home residents.

Utilization rates for Social Security insurance by Cuban beneficiaries in the three cities are low as compared with rates for Cuban Medicare users. Overall use of SSI and Medicaid benefits by the over 60 years age group are higher than SSA and Medicare benefits, indicating the existance of a large group of Cuban elderly who have not participated in the U.S. labor force. This same group has a greater variety of complaints on service reception.

Service related problems reported by Cubans in New York, Chicago and Los Angeles should be resolved through a functional multi-service approach. Multi-service units need to be established in areas where low-income Cubans reside. These units would offer on-site or telephone service information, orientation and referral in Spanish. Also, it is particularly important that these units be equipped with vans (especially in Los Angeles) that can be used for transporting seniors and others needing to use public facilities. The staff of multi-service units or centers should also act as translators on an as-needed basis. This approach is likely to be most cost-effective for servicing Cuban low-income groups who are dispersed in large cities.

General Recommendations

We strongly recommend that federally funded agencies be assisted with and mandated to identify and collect data on Cuban service and program users. Existing computerized records would then include Cuban service users in most government agencies and programs. This would facilitate problem identification as well as provide necessary data for program service delivery and policy planning.

Research data indicates that closer coordination among public and private institutions and the Spanish media is likely to help Cubans to become better informed about a variety of public services, e.g., public immunization, SSI, Food Stamps, unemployment benefits and financial assistance for education. Thus, selective public health information should be distributed to Cubans through the private clinics in Miami and through private practitioners who are used by Cubans in the surveyed areas. Secondly, more printed matter in Spanish should be distributed by local government income maintenance program offices in areas where low-income Cubans are concentrated. Information distributed should cover different types of assistance programs which are often used simultaneously or are needed by low and moderate-income persons and the elderly.

CHAPTER I

INTRODUCTION

Nearly seven percent of the Spanish-origin population of the United States is of Cuban origin. This means Cubans constitute the third largest single national-origin group (after Mexicans and Puerto Ricans) among the nation's twelve million Hispanics. The U.S. Bureau of the Census estimates that in March 1979 a total of 794,000 persons considered themselves to be of Cuban origin or descent.[1] Not only are Cubans a sizable U.S. ethnic group, but a relatively recent one whose growth during the past twenty years has been spectacular. In 1960, not more than 50,000 Cubans lived in this country, which means that in two decades their numbers have increased almost 1,500 percent.[2]

The massive migration from Cuba during the 1960's and 1970's has been a result of the rapid and pervasive social, political and economic changes taking place during those years in their country of origin. Consequently, Cubans in the U.S. combine two characteristics they do not share with many other U.S. ethnic groups of the 1980's: 1) their migration has presumably been motivated by a somewhat different set of factors than that of most past and present U.S. immigrant groups; and 2) most of the present Cuban-origin population of the United States is foreign born, with all the problems that first-generation ethnics have traditionally faced in adjusting to U.S. society.

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[1]U.S. Bureau of Census, Current Population Reports, Series P-20, No. 354: Persons of Spanish Origin in the United States, March 1979 (Washington, D.C.: U.S. Government Printing Office, 1980), p. 1.

[2]Lisandro Perez, "Cubans" in The Harvard Encyclopedia of American Ethnic Groups, edited by Stephan Thernstrom (Cambridge: The Belknap Press of Harvard University Press, 1980), p. 256.

As this report was being finalized, both the visibility and volume of Cuban migration to the United States increased dramatically. As a result of a series of widely-publicized events that took place in the Spring of 1980, more than 125,000 Cubans migrated to the United States between April and September of that year. Undoubtedly this new influx has had a lasting and profound impact on the demographic, social and economic characteristics of the Cuban population of the United States. However, since this study was performed before April, its findings do not include these recent immigrants.

Statement of the Problem

Over the last two decades, government and social scientists have become particularly aware of the special social needs of minority groups. As Hispanics were recognized as a disadvantaged minority group, researchers began to compile, refine, and expand information on each large Hispanic group in the United States.

With the passage of time, the first categories of data researched (income, employment, housing, etc.) have been expanded to include areas such as health, social welfare, criminal justice, and others. In particular, several of these research concerns became reality through the Office of the Assistant Secretary for Planning and Evaluation and its Division of Spanish Surnamed Americans, first at the Department of Health, Education and Welfare (D.H.E.W.) and now at the new Department of Health And Human Services (D.H.H.S.). The new data being gathered are now recognized as essential to the planning, targeting, and evaluation of programs and services supported by the new departments of Health and Human Services and of Education.

Another recent trend associated with research in health, education and welfare is the involvement in research of Hispanic organizations and researchers. As the role of Hispanic researchers, social scientists and professionals in the fields of health, education and welfare expands, government-sponsored research can benefit from individuals whose familiarity with the specific cultural, ethnic, and social issues within a particular community provides an increased depth to their research skills. In the same vein, it is important to support the research capability of Hispanic organizations whose linkages, accessibility, and first-hand knowledge of their communities can be extremely valuable in identifying problem areas and using many available resources in their research efforts.

In designing this project, the Cuban National Planning Council recognized the importance of obtaining data on the health, education and welfare status of Cubans in the United States and, moreover, to begin providing input to the government on the needs and the issues involved in service and program utilization by Cubans. Specific data on Cubans is needed to permit federal agencies to set policies regarding the provision of services to Cubans. Health, education and welfare-related needs among cubans have steadily increased since the 1970's. To date, research conducted on Hispanics has not focused on the specific needs of Cubans.

Objectives of the Study

The project's main objective is to provide the government with data and recommendations which will assist it in developing programs and formulating policies related to the health, education and welfare of Cubans in the United States.

In achieving this objective, the project examines:

1) DHEW-related needs and characteristics of persons of Cuban origin,

2) The impact of DHEW programs and services upon recipients of Cuban origin,

3) Barriers among the Cuban population to usage of DHEW programs,

4) Reasons for use and nonuse of DHEW programs, and

5) Recommendations on policy decisions which would facilitate efficient use of DHEW programs by the target population.

CHAPTER II

METHODOLOGY

Prior to designing and implementing the study survey, this project conducted two activities geared toward fulfilling its objectives. These concurrent activities consisted of interviewing directors of Cuban community organizations from the five study cities, and reviewing the existing literature on Cubans related to health, education and welfare issues.

Interviews with Cuban community organization directors provided the study with an early identification of issues and themes used later in developing survey questionnaire items. Secondly, the directors helped the project by pointing out their concerns, reviewing the status of the Cuban community in various cities, and discussing the service gaps affecting Cubans.

The review of the literature conducted by the project staff proved to be equally valuable to the project. During this process the project identified independent health research which raises very relevant questions concerning the incidence of hypertension among Cuban adolescents, and of liver disease among the Cuban population as a whole. Additional independent data provided the study with a useful set of statistics on educational and social services utilization by Cubans. These primary activities represented important steps in gathering information specific to the health, education and welfare of Cubans in the United States. The findings from these sources presented in this report enrich and broaden the scope of the findings made from the survey data.

Survey Design

The project conducted a survey in five U.S. cities where 80 percent of Cubans in the United States reside. During the months of December 1979 and January 1980, a total of 1568 households were surveyed as follows: Union City-West New York-598, Miami-669, New York City-98, Chicago-100, and Los Angeles-103.

Probability samples were taken in Miami and Union City, the two cities where seven out of ten Cubans in the United States reside. The relatively low density and geographic dispersion of the Cuban population in Los Angeles, Chicago, and New York City dictated that purposive samples be drawn in those three cities. The same questionnaire was administered in all five cities.

The Probability Samples

Six hundred sixty-nine (669) households were randomly selected in Miami, Florida and five hundred ninety eight (598) in Union City, New Jersey, through the use of a multi-stage stratified sampling procedure described below.

Census tracts in Miami and Union City were stratified based first on Hispanic density and second on socio-economic indicators. Census tract information was obtained from data from the U.S. Bureau of the Census (1970 Census: 5th count). This 1970 population and income information was updated for Dade County through comparison with election data and additional planning data provided by the Metropolitan Dade County Planning Department. There are no updates on population or income data for Union City.

The low income census tracts stratified by density were weighed to assure adequate repesentation of low (less than $7,999) and middle-income

households ($8,000-$15,000) in the final census tract selection. The tract's new adjusted populations were cumulatively added and recorded. The weighted population total was then divided by the total number of tracts' in each city. This resulting figure is referred to as a sampling interval. The above procedure was repeated again (less those tracts selected) and a new sampling interval computed. Using a starting point selected from a table of random numbers, the sampling interval was successively added to the starting point until the remaining census tracts were selected. This procedure yielded 40 census tracts out of 210 in Miami and 5 tracts out of 23 in Union City.

Each tract in Miami was divided into its component block groups. Using the above procedure, two block groups from each tract were selected as areas for the study. In Miami, some large block groups were again subdivided using the above technique. In this way, it was possible to determine probability proportional to size by dividing the census tract population by the block group, or smaller area population. Union City tracts were not subdivided because of their small geographic area and resident population.

Once the areas were identified, a sampling frame was constructed by mapping and listing all of the addresses in a section. This listing included apartments, multi-unit dwellings and houses. Nursing homes were excluded (except for resident managers). The number of households in each frame is independent of the number of persons estimated in the weighting procedure. The total sampling frame in Miami is 16,457, and in Union City 20,346.

To obtain approximately 600 interviews in each city, an 80 percent success rate was expected. Thus, 720 households of Cuban origin were

required. Based on official county estimates putting Hispanics at 35 percent of Dade's population and Cubans at 80 percent of Dade's Hispanics, 2600 attempts should yield 738 Cuban households of which slightly over 600 would be successful. The same procedure was applied to Union City.

All addresses were listed by area and a sampling interval was determined by dividing the total number of dwelling units in each city by expected attempts (2600 in Miami). From a table of random numbers, a starting point for each area was chosen. Addresses were selected by adding the sampling interval successively to the starting point.

In both cities, eighty-five percent of Cubans contacted agreed to an interview. Thus the results of using this sampling procedure were effective for choosing the desired number of households for an acceptable sample group.

In each selected household, the interviewer first would determine if a Cuban family resided there. This was done by asking "Is there anyone living here who was born in Cuba, or whose parents were born in Cuba, or who considers him/herself Cuban?". Once a Cuban household was identified, the interviewer was instructed to ask for an adult 18 years or older. Should more than one person be available, the interviewer selected a respondent according to the following preferential criteria:

1) principal breadwinner or spouse
2) related adult of breadwinner generation
3) parent of breadwinner or spouse
4) child of breadwinner (18 or over) living in the household

The Purposive Samples

In spite of the technical difficulties involved in random sampling outside of Dade County (Greater Miami) and Union City-West New York, it was

determined that it is important to gather information from three additional cities (New York, Chicago and Los Angeles) where over 150,000 persons of Cuban origin reside. It should be emphasized, however, that the 301 households selected in New York City, Chicago and Los Angeles do not constitute probability samples of the Cuban population residing in those cities. By design, households with low or moderate incomes are over-represented in the purposive samples taken in those cities.

Through field observations and the analysis of census tract data, areas of concentration of the Cuban population in each of those cities were identified. Within those areas of concentration, potential respondents were contacted in localities frequented by Cubans, such as Cuban restaurants, organizations, medical clinics, the offices of the Cuban Refugee Program, etc. Each of these initial contacts was asked to name at least 10 other Cubans of their acquaintance who resided in the same city. Through this method, an initial roster of 300 persons, listed by income, was prepared for each city. From these master lists, approximately 100 persons per city were randomly selected as respondents.

Since these data were obtained from a nonprobabilistic sample, no statistical inference for Cubans in any or all of the three cities should be made from the data. Any comparisons made to the probability sample (Miami and Union City) serve only to highlight differences between the two samples. Analysis of the results of the purposive sample have been limited to frequency percentages, as crosstabulation analyses did not produce information useful for policy recommendations.

Questionnaire

The questionnaire items were partly based on data obtained from interviews with fifty-one directors of Cuban community organizations, a

search of the literature and discussions with several units of the federal government involved in the approval of the questionnaire and general survey methodology. The questionnaire was designed and pre-tested, resulting in an interview lasting approximately 45 minutes.

The questionnaire included issues which were considered relevant to D.H.E.W. service utilization. Information on items relative to problem identification, satisfaction with service and language usage applies only to the individual respondent. Objective concerns such as income or service usage in most cases could be answered by the respondent for the household. The questionnaire was therefore designed to combine items for both the respondent only and the entire household.

In addition to obtaining general demographic data, the study's areas of concern included: 1) identification of Cuban needs in health, education and welfare services and programs, 2) possible obstacles to service utilization, and 3) satisfaction with services received.

An important consideration in the design of the study was the inclusion of all three program areas (health, education and welfare) instead of limiting the study to only one of those areas. The latter approach would have made possible a more detailed analysis, but at the expense of ignoring many issues which should be covered by the study. Consequently, the services and programs in the questionnaire included: 1) regular and special educational programs, 2) bilingual education, 3) educational financial aid, 4) Aid to Families with Dependent Children, 5) Supplemental Security Income, 6) Social Security Assistance, 7) Medicare, 8) public and private health delivery systems, 9) Medicaid, 10) unemployment benefits, 11) state General Assistance, 12) food stamps and 13) the Cuban Refugee Assistance Program.

Field Procedures

In carrying out the process of data collection, the project staff was responsible for the following tasks: training of supervisors and field personnel, making the final selection of field personnel, monitoring the performance of supervisors and interviewers through detailed log sheets on interview productivity, scheduling and paying interviewers. Most supervisors and interviewers were selected from local campuses and from a pool of professional interviewers. All interviewers were bilingual.

The staff familiarized the supervisors with the overall project and especially with the questionnaire. In addition, the supervisors assisted the staff in training the interviewers. During the data collection process, supervisors kept daily logs to monitor the interview process carefully. Those logs were used to assess the productivity of the interviewers in terms of questionnaire accuracy and quantity generated by each interviewer. Supervisors were also responsible for verifying and mailing the completed questionnaires to project headquarters.

Supervisors and interviewers were paid on an hourly basis, [illegible] addition to transportation costs. Interviewers were paid only after at least one of their completed questionnaires had been checked out for accuracy.

Call Backs

After all the interviews were completed and reviewed for errors and inconsistencies, approximately ten percent of the respondents in Miami and Union City (59 and 65, respectively) were recontacted by telephone to check the accuracy of the interviewers' work. Those respondents were selected for call backs in a random fashion using a table of numbers to establish a starting point. Each reinterview was conducted independently of the information collected in the first interview.

Generally, the data obtained in these call backs confirmed the results obtained in the initial round of interviews. The respondents who were reinterviewed did, however, exhibit a tendency to answer probe questions on service satisfaction and problems with greater detail than in the initial interview. In fact, a total of 21 respondents in both cities did admit in the call backs that they had encountered problems with the delivery of a service with which they had expressed satisfaction in the initial interview. The call backs may well highlight a tendency among Cubans to minimize or suppress expressions of dissatisfaction with the usage of D.H.E.W. services.

Aside from raising the possibility that many respondents may have understated the degree to which they encounter problems in service utilization, the results of the call backs lent support to the finding in the initial round of interviews, especially with respect to the identification of the principal barriers to service utilization: language difficulties, cost of service (especially in health), transportation, and red tape.

Data Preparation and Analysis

Data were collected on household answer sheets. Many questions were coded immediately by the interviewer. Others were coded in an editing process where each answer sheet was checked for clarity and logical relationships among the 280 variables.

Coded data were then transferred to computer column sheets and sent to a data entry agency for key entering of all data onto magnetic tape. All work was verified by the data entry agency. The data were submitted in subfile format so that all the data for one city were entered together, allowing for the analysis of each separately.

Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Continuous variables such as income, age, years of completed education and length of residency were first recoded into collapsed categories for easier comparisons. Missing value statements were included so that missing cases or occasional mispunched values would be excluded from the data analysis process.

Scope and Limitations of the Study

The study covered by this report did not include some problem areas which may be significant in the Cuban community.

Drug addiction and alcoholism are among the most important of these problems. Research data on Cubans and statistical reports from government agencies increasingly suggest that the incidence of these problems among Cubans is on the rise. Research that focuses on these issues is of particular importance at this time.

Mental health is another topic which deserves special attention. The general nature of the questionnaire and consideration with respect to respondant burden did not permit isolation of issues specific to mental health. Yet the coding of answer sheets as well as comments by interviewers, which due to time and space are not included here, give strong indication that mental health problems are salient among the general health concerns of the Cuban population in the United States. Such problems have also been identified by the community organization directors interviewed and by several researchers included in our bibliography. Moreover, the complexities involved in mental health research require that this area be studied separately.

The data obtained from the probability and the purposive survey reveal numerous individual and household items of general concern. These results

often raise additional questions on the specific needs being identified for Cubans. Answers to these questions will require further investigation of the areas of concern identified in the numerous recommendations in this report.

In retrospect, the expected research limitations, such as questionnaire construction (particularly in its length), the geographic dispersion of sample subjects, and the differential characteristics of municipal jurisdictions where the services are provided, are counterbalanced by the project's identification of a wide range of research issues deserving further study and by the broad scope of the recommendations derived from the data.

CHAPTER III

SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF MIAMI AND UNION CITY SAMPLES

The purpose of this chapter is threefold. First, a demographic profile of the Cuban origin sample is presented. Second, as a means of establishing the reliability of the sampling procedure used in this investigation, some of the characteristics of the sample population are compared to results of other independent surveys conducted by the U.S. Bureau of Census. Third, as a means of establishing a frame of reference for the sample, comparisons are drawn between the sample populations for Miami and Union City and the total Spanish-origin and total Cuban-origin populations. The "sample population" will include persons comprising the random samples surveyed in Miami and Union City. Data obtained from New York City, Chicago and Los Angeles will not be considered here since their samples were purposively derived. It should be mentioned that these data reflect the situation prior to the immigration of Cubans beginning in April, since the survey was taken in January 1980.[1]

Origin and Nativity

In the methodology section, it was indicated that a random sample of Cuban households[2] was drawn from the Miami and Union City communities. However, not all persons in those households (and hence not all persons in the sample) were identified as being Cuban or of Cuban origin. In

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[1] The most current estimates are that close to 115,00 Cubans have immigrated to the United States during the three months of April-June, 1980.

[2] It should be recalled that Cuban households were defined as those in which the household head, or his/her spouse, was either born in Cuba or at least considered himself/herself to be of Cuban descent.

Miami, 1,880 persons (90.6 percent of the sample) were identified by the respondents as "from Cuba or of Cuban parents, or considering himself/herself as Cuban". In the Union City sample, 87.4 percent (1,587 persons) were so identified.

When considering place of birth there were no noticeable differences between the sample communities in regards to place of birth. It can be seen in Table 1 that about 80 percent of the samples for both cities were born in Cuba, while slightly more than 16 percent were born in the United States and a little less than 2 percent were born in Spain.

Table 1. Country of birth of the Miami and Union City sample populations

Country of birth	Miami (n=2,077)* %	Union City (n=1,815)* %	Both Cities (n=3,892) %
Total	100.0	100.0	100.0
Cuba	80.4	80.4	80.4
United States	16.7	16.2	16.5
Spain	1.3	1.4	1.3
All other countries	1.6	2.0	1.8

* Missing data for one case.

Age Structure and Sex Composition

The findings of the survey with respect to age and sex structure are consistent with the latest national data on Cubans (U.S. Bureau of the Census, Current Population Reports, March, 1979). The total Cuban-origin population of the United States, in comparison with the total Spanish-origin population, is older, has a much smaller proportion of young persons, contains a somewhat larger proportion of persons of age 18 and above, and is characterized by a larger percentage of persons 65 years and older (Table 2). There are also some interesting contrasts between the two communities. (Tables 2 and 3). The proportion of persons 65 years and older is somewhat larger in Miami than in Union City, pointing to Miami as a community where the needs of the elderly can be expected to be particularly acute[3]. It should be added that even in comparison to the total U.S. population, the Cuban-origin population is older: the median age for the U.S. population in 1979 was estimated to be 29.8 years with 10.7 percent of the population being 65 and over.[4] This compares with a median age of 36.3 for all persons of Cuban origin and 11.3 percent for persons 65 and over (12.8 for Miami and 8.5 for Union City).

This age structure for Cubans living in the United States is primarily a result of lower fertility (in comparison with the rest of the Spanish-origin population) and the large migration of older persons, particularly

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[3]In this report the term "elderly" is used to describe persons 60 years and older. Although most persons receiving services directed to the elderly are 65 years and over, our sample contains a sizeable number of persons 60 years and over who use the services investigated by our study. Therefore, we have extended our analysis of services for the elderly to persons 60 years and older in other sections of this report.

[4]U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 347; persons of Spanish Origin in the United States, March 1979 (Advance Report), Washington, D.C.; U.S. Government Printing Office, 1979, p. 4.

during the airlift of the late sixties and early seventies. It is not surprising that large numbers of older persons fled from Cuba during these two decades. Having lived for a lifetime in a free-market, theistic society, oriented towards individual freedoms, it was especially hard for them to adjust to drastic changes in all aspects of Cuban society brought about by a State-controlled Cuban socialism. The natural dependancy of elderly persons on government assistance undoubtedly expedited the acceptance of their applications for exit visas from the island.

Table 2. Age distribution of the Miami and Union City sample populations compared to the total Cuban and Spanish-origin populations of the U.S., 1979

Age	Miami (n=2,073)[a] %	Union city (n=1,814)[b] %	Total Cuban origin[c] %	Total Spanish origin[c] %
All ages	100.0	100.0	100.0	100.0
0-17	26.4	29.2	27.2	41.5
18-64	60.8	62.3	61.5	54.0
65 and over	12.8	8.5	11.3	4.5
Median age	39.6	38.2	36.3	22.0

a Missing data for 5 cases.

b Missing data for 2 cases.

c Source: U.S. Bureau of the Census, Current Population Reports, Series P-20 No. 347: Person of Spanish Origin in the United States, March 1979 Advance Report, Washington, D.C.: U.S. Government Printing Office, 1979, p.4.

Table 3. Age distribution of the Miami and Union City sample populations (detailed tabulations)

Age	Miami (n=2,073)[a] %	Union City (n=1,814)[b] %
All ages	100.0	100.0
0-4	5.7	6.0
5-14	13.3	15.7
15-19	10.3	11.5
20-24	5.3	7.1
25-44	24.3	23.6
45-64	28.3	27.6
65 and over	12.8	8.5

[a] Missing data for 5 cases.

[b] Missing data for 2 cases.

The sex ratio of the sample population of Miami was 90.8 and the corresponding figure for Union City was 89.4 (Table 4). The national estimate presented in the 1978 Current Population Report for the U.S. Cuban-origin population as a whole was 90.1.

A higher proportion of females in comparison with males is, of course, the norm in most populations, a fact attributed to the universal tendency of greater female longevity. In fact, it can be seen in Table 4 that for the U.S. population as a whole, as well as among Hispanics, females outnumber males. It can also be observed, however, that the proportion of females is slightly higher among Cubans (the sex ratios are lower in comparison with other Hispanics and the total U.S. population). In demographic terms, such low sex ratios are somewhat unusual. Populations largely made up of foreign-born individuals (it should be recalled that about 80 percent of the samples for Miami and Union City were born in Cuba) tend to be more weighed by males than females since males usually predominate

Table 4. Sex composition of Miami and Union city sample populations compared to total Cuban, Spanish-origin, and U.S. populations, 1977

Sex	Miami (n=2,073)[a] %	Union City (n=1,815)[b] %	Total Cuban origin[c] %	Total Spanish origin[c] %	Total U.S.[c] %
Both sex groups	100.0	100.0	100.0	100.0	100.0
Males	47.6	47.2	47.4	48.7	48.5
Females	52.4	52.8	52.6	51.3	51.5
Sex ratio[d]	90.8	89.4	90.1	94.9	94.2

a Missing data for 5 cases.

b Missing data for 1 case.

c Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 329: Persons of Spanish Origin in the United States, March 1977, Washington, D.C.: U.S. Government Printing Office, 1978, p. 19.

d Defined as the number of males for every 100 females.

among international migrants. The Cuban situation varies from this norm for at least three reasons: (1) in contrast with most international migrations in which males predominate, the politically motivated exodus from Cuba (at least until the 1970's) involved primarily entire nuclear families; (2) Cuba's military service laws made it difficult for males of military age to emigrate during the 1960's and 1970's; and (3) given the higher longevity rates for females, an older population such as the Cuban-origin population of the U.S. will always contain a greater proportion of females.

Length of Residence in the United States

When comparing the percentage distributions according to length of residence in the United States of the Miami and Union City samples (see Table 5), an interesting pattern emerges. An index of dissimilarity indicates that 13.7 percent of either sample would have to be redistributed for the two populations to have identical percentage distributions.[5] A larger share of Union City's sample moved to the United States between five and ten years ago, whereas a larger proportion of Miami's population arrived fifteen to twenty years ago. These figures most likely reflect

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[5]The indices of dissimilarity used in this report have been calculated using the following formula:

$$I.D. = \frac{\sum |X_i - Y_i|}{2}$$

Where: I.D. is the index of dissimilarity, X_i is the percentage value for the ith category for a particular variable in a population such as the Miami sample, and Y_i is the percentage value for the same variable but from a different population. I.D. has a maximum possible value of 100 and a minimum of 0. It indicates the percentage of either population that would need to be redistributed for the two populations to exhibit identical percentage distributions.

the return flow of many Cuban immigrants to Miami after having lived for a while elsewhere in the United States. One of the policies followed by the Cuban Refugee Program was to resettle Cuban immigrants to a variety of states, thus lessening the "burden" of concentration in Miami.[6] It is well-known, however, that many Cubans eventually gravitated to Miami once

Table 5. Length of residence in the United States of the Miami and Union city sample populations

Years residing in U.S.	Miami (n=2,070)[a] %	Union City (n=1,802)[b] %	Both Cities (n=3,872) %
Total	100.0	100.0	100.0
0-4	11.1	10.9	11.0
5-9	28.7	40.7	34.3
10-14	30.9	32.7	31.7
15-20	22.6	11.0	17.2
20 or more	6.7	4.7	5.8

a Missing data for 8 cases.

b Missing data for 14 cases.

they were able to care for themselves. Miami's large Cuban community and its tropical climate attracted many. Undoubtedly, many former Union city residents were included in the stream migrating to Miami. The data are consistent with the explanation that Union City, as well as other northern

[6]Manuel Jorge Sanchez-Victores, "Occupational Adjustment of Cubans in the United States"; (Unpublished report, the Graduate School of the City University of New York, The Political and Economic Implications of European Immigration to America Project, Spring, 1974), pp. 14-21.

cities, may well be the first place of settlement for many Cubans, but that Miami is their eventual destination.

Household Size

Figures pertaining to the number of persons per household are displayed in Table 6 for the Miami and Union City samples. In addition, similar figures are displayed for all Cuban-origin and all Spanish-origin households for 1970, which is the most recent year for which such data are available. The Miami and Union City distributions are very similar, as indicated by an index of dissimilarity of 5.0 percent. In both cases, close to 75 percent of the households contains between two and four persons. The median household sizes are virtually identical at 3.4 individuals.

The 1970 figures for all Cuban-origin and all Spanish-origin persons illustrate two points. First, the Cuban households tended to be smaller. This probably reflects their lower fertility levels, when compared to the total Spanish-origin population.[7] Second, the 1980 households for the Miami and Union City samples were smaller than those for all Cubans in 1970. Thus, it appears that household size has declined during the decade of the 1970's for persons of Cuban origin. This could be a result of two possible factors. It might be a reflection of a slight decline in fertility among the Cubans since 1970. It also could represent a tendency towards increasing independance for housing. As Cubans have increasingly adjusted to American society and hence become economically upwardly mobile, the incidence of extended-family living arrangements has most likely declined.

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[7]U.S. Bureau of the Census, Census of Population, 1970, Subject Reports, Final Reports PC(2)-1C; Persons of Spanish Origin, Washington, D.C.; U.S. Government Printing Office, 1973

As a result, fewer grown children are living with their parents and a smaller percentage of persons are residing with nonnuclear family members, such as aunts, uncles, and grandparents.

Table 6. Number of persons per household of the Miami and Union City sample households compared to total Cuban and Spanish-origin households of the United States, 1970

Persons per household	Miami (n=669)	Union City (n=598)	1970 Total Cuban-origin households*	1970 Total Spanish-origin households*
Total	100.0	100.0	100.0	100.0
1 person	10.0	11.4	9.7	11.3
2 persons	29.2	27.9	22.8	19.6
3 persons	26.0	23.7	21.5	18.0
4 persons	20.9	23.2	22.0	17.6
5 persons	8.7	10.0	12.5	12.8
6 or more persons	5.2	3.8	11.5	20.7
Median size of household	3.4	3.4	3.3	3.6

* Source: U.S. Bureau of the Census, Census of Population 1970, Subject Reports, Final Report PC(2)-1C: Persons of Spanish Origin, Washington, D.C.: U.S. Government Printing Office, 1973, p. 136.

Relationship to Respondent

Figures describing the relationship of household members to the respondents for the Miami and Union City samples and to the head of household for persons of Cuban-origin and all Spanish-origin persons are displayed in Table 7.[8] The figures for Miami and Union City are similar. An index of dissimilarity shows that less than five percent of either sample's population would need to be redistributed among the five categories for the two distributions to be identical. Also a Chi Square[9] test shows no significant difference between the categories of the two independent samples. Such consistency lends further credence to the reliability of the sample drawn for both cities. Further evidence of a high level of

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[8]It should be pointed out that the "relationship" data derived from the sample questionnaire used in this study refer to relationship to the respondent. On the other hand, relationship data obtained from the Census Bureau refer to relationship to the head of household. The respondents who completed our questionnaire were almost always either the head of the household or the spouse of the head. Although slight differences may occur between our concept of a respondent and the Census Bureau's notion of a household head, the figures in Table 7 suggest a high degree of conformity when the data are being used the way we are using them in this report.

[9]Chi Square used in this report has been calculated using the following formula:

$$X^2 = \sum_i \frac{(f_o^i - f_e^i)^2}{f_e^i}$$

Where: X^2 is Chi Square which is used to test whether or not there is a significant difference between the values of the same variable between independent random samples. f_e^i is the expected frequency calculated for each category of a variable and f_o^i is the observed frequency of each category. The calculated X^2 is then compared to a table value of X^2 at a chosen level of significance with degrees of freedom calculated from the possible rows and columns of categories $(R-1)(c-1)$. Calculated X^2 must be greater than the table value if there is a significant difference between observed and expected frequencies.

accuracy is obtained by comparing the percentage distributions for data derived from a 1977 Current Population Report for persons of Cuban origin and all Spanish-origin persons.

Table 7. Household composition of the Miami and Union City sample populations compared to total Cuban and Spanish-origin populations of the United States, 1977

Relationship to respondent or head of household[a]	Relationship to respondent		Relationship to head of household	
	Miami (n=2,075)[b] %	Union City (n=1,816) %	Total Cuban origin[c] %	Total Spanish origin[c] %
All persons	100.0	100.0	100.0	100.0
Head of household or respondent	32.2	32.9	33.3	35.3
Spouse	25.0	23.3	22.0	22.6
Child	32.3	36.5	33.6	36.2
Other relative	10.1	6.9	8.8	3.7
Non-relative	0.4	0.4	2.3	2.2

a Relationship to respondent was utilized in the surveys of Miami and Union City, while relationship to head of household was used by the U.S. Bureau of the Census for the total Cuban-origin and Spanish-origin populations. The two concepts are seen as nearly comparable in that the respondents in the surveys were either the head of household or their spouse.

b Missing data for 3 cases.

c Source: U.S. Bureau of the Census, Current Populations Reports, Series P-20, No. 329: Persons of Spanish Origin in the United States, March 1977, Washington, D.C.: U.S. Government Printing Office, 1978, p. 41.

For each of the four populations approximately 90 percent of the individuals are members of nuclear families. Less than 2.3 percent of the individuals in all four populations were unrelated to the head of household.

There is an obvious constrast between the low (3.7 percent) figure for the category of "other relative" in the Spanish-origin population and the higher percentage in the same category for the three Cuban populations shown in Table 7. This is probably due primarily to the large number of elderly persons among Cubans in the United States (a point made earlier), many of whom may be living with their married children. Although having a relatively high proportion of "other relatives", Cuban households are nevertheless relatively small, as demonstrated in Table 6, a situation made possible by the low levels of fertility among Cubans in the United States.

Marital Status

The figures in Table 8 indicate general agreement in the patterns among the marital status categories for persons 14 years of age and older among the Miami and Union City samples and the Cuban-origin and total Spanish-origin populations for 1978. Between 58.3 and 67.9 percent of all persons are married; while 22.3 to 34.9 percent are single. There is a consistent tendency for a smaller percentage of females to be single, reflecting their propensity to marry at an early age. Also, a larger proportion of females are widowed, which is affected by their greater longevity. Finally, a smaller percentage of males are divorced, undoubtedly because divorced males tend to remarry at a higher rate in comparison with divorced females.

The largest differences are evident when the total Spanish-origin population is compared to persons of Cuban origin and to the Miami and Union City samples. Perhaps most significant is the somewhat large proportion of widowed and divorced Cuban females. Also, a larger percentage of both males and females are single among the total Spanish origin persons in comparison to the Cuban origin population. Both tendencies are influenced

Table 8. Marital status, by sex, for the Miami and Union City sample populations 14 years and older compared to the Cuban and Spanish-origin populations of the United States, 1978

	Miami[a]		Union City[b]		Cuban origin[c]		Spanish origin[c]	
Marital Status	males (n=630) %	females (n=939) %	males (n=698) %	females (n=819) %	males %	females %	males %	females %
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single	27.8	22.3	31.8	26.7	30.2	19.3	34.9	27.8
Married	67.9	61.8	65.1	58.5	64.5	62.2	60.4	59.4
Widowed	2.3	8.4	1.4	7.8	1.8	8.7	1.3	6.0
Divorced	2.0	7.5	1.7	7.0	.5	9.8	3.4	6.0

a Missing data for 309 cases.

b Missing data for 299 cases.

c Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 328: Persons of Spanish Origin in the United States: March 1978 (Advance Report, Washington, D.C.: U.S. Government Printing Office 1978, p.6.

by the younger age structure of the other Spanish origin groups when compared to the Cubans, a characteristic presented earlier in this section.

The higher proportion of divorced Cuban females could also result from a lower incidence of remarriage among these women in comparison with other

Spanish origin females. This is a plausible explanation in view of the great differences between Cuban males and females in the proportion that are divorced, as well as in the proportion married. This is particularly true in the sample populations and stands in obvious contrast to the situation in the Spanish-origin population, where the sex differential is not as marked in the married and divorced categories. The higher incidence of divorced and widowed persons, particularly the former, is another factor, in addition to lower fertility, that keeps down the household size of Cubans despite a relatively high proportion of "other relatives" in the Cuban household.

Race

The vast majority of Cubans in the United States classify themselves as white (Table 9). Well over 90 percent of the Miami and Union City samples are in that category, as is the total Cuban-origin population (as enumerated in the 1970 census). This is interesting because it suggests that Cuban immigration to the United States has been selective, since from 25 to at least 30 percent of the population residing in Cuba is generally regarded as black or having black ancestry.[10] However, the recent influx of "boat people" from Cuba this year may alter the racial composition of Cubans in the United States since a higher proportion of the new immigrants are Black.

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[10]The 1953 Census of Cuba classified 12.4 percent of the population as black and an additional 14.5 percent as persons of "mixed" racial ancestry (Oficina Nacional de los Censos Demografico y Electoral, Censos de Poblacion, Viviendas, y Electoral, La Habana: P. Fernandez, 1955, p.49). Concerning the selectivity of the migration see Benigno E. Aguirre, "Differential Migration of Cuban Social Races", Latin American Research Review, 11:103-124, 1976.

Table 9. Racial composition of the Miami and Union city sample populations compared to total Cuban and Spanish-origin populations of the United States, 1977

Race	Miami (n=2,066)[a] %	Union City (n=1890)[b] %	Total Cuban origin[c] %	Total Spanish origin[c] %
All races	100.0	100.0	100.0	100.0
White	97.6	93.7	96.0	93.3
Black	1.1	2.4	3.1	5.0
Other	1.3	3.9	0.9	1.7

a Missing data for 12 cases.

b Missing data for 7 cases.

c Source: U.S. Bureau of the Census, Census of Population 1970: Subject Reports, Final Report PC(2)-1C: Persons of Spanish Origin, Washington, D.C.: U.S. Government Printing Office, 1973, p. IX.

Language

Language is often used as an indication of assimilation into a dominant culture. The language picture with respect to Cubans is complex as shown in Tables 10-15. The vast majority of Cuban-origin respondents in the Miami and Union City samples speak only Spanish in the home (Table 10). Slightly over half speak mostly or only Spanish while at work (Table 11). Less than 25 percent speak mostly or only English at work. On the other hand, for those attending school, more than half speak English exclusively at school (Table 12) while less than 20 percent speak mostly or only Spanish.

Because of the variety of radio stations and newspapers available in Spanish in both Miami and Union City, use of Spanish when listening to the radio and while reading newspapers or magazines may be one of the best indicators of language preference. The figures in Table 13 show that

over 60 percent of the Cuban respondents listened mostly, or only, to radio programs in Spanish. Over 55 percent read newspapers mainly, or only, in Spanish (Table 14). The lower preference for Spanish television programs reflects the more restricted variety of television programming in Spanish (Table 15).

In summary, the Cuban-American's use of and preference for Spanish varies according to the particular activity. The highest use rates are characteristics of informal home activities and the lowest for formal educational experiences. The use rates for other activities are somewhere along the continuum between these two extremes.

Table 10. Language used at home by Miami and Union City respondents

Language	Miami (n=669) %	Union City (n=598) %
Total	100.0	100.0
Only Spanish	91.9	85.2
Mostly Spanish	4.0	5.4
Spanish and English equally	3.0	7.7
Mostly English	0.7	0.5
Only English	0.4	1.2

Table 11. Language used at work by Miami and Union City respondents

Language	Miami (n=494)[a] %	Union City (n=417)[b] %
Total	100.0	100.0
Only Spanish	33.6	38.9
Mostly Spanish	22.9	16.5
Spanish and English equally	26.5	21.3
Mostly English	9.5	10.1
Only English	7.5	13.2

a Missing data for 175 respondents, most of whom do not work.

b Missing data for 181 respondents, most of whom do not work.

Table 12. Language used at school by Miami and Union City respondents

Language	Miami (n=125)[a] %	Union City (n=35)[b] %
Total	100.0	100.0
Only Spanish	6.4	11.4
Mostly Spanish	8.0	8.6
Spanish and English equally	10.4	20.0
Mostly English	20.0	2.9
Only English	55.2	57.1

a Missing data for 544 respondents, i.e., those not enrolled in school.

b Missing data for 563 respondents, i.e., those not enrolled in school.

Table 13. Language used in listening to the radio by Miami and Union City respondents

Language	Miami (n=659)[a] %	Union City (n=584)[b] %
Total	100.0	100.0
Only Spanish	39.8	53.3
Mostly Spanish	24.1	8.2
Spanish and English equally	23.5	17.1
Mostly English	5.8	7.5
Only English	6.8	13.9

a Missing data for 10 respondents.

b Missing data for 14 respondents.

Table 14. Language used in reading newspapers by Miami and Union City respondents

Language	Miami (n=656)[a] %	Union City (n=569)[b] %
Total	100.0	100.0
Only Spanish	42.2	59.8
Mostly Spanish	13.9	7.2
Spanish and English equally	22.4	17.8
Mostly English	12.0	4.7
Only English	9.5	10.5

a Missing data for 13 respondents.

b Missing data for 29 respondents.

Table 15. Language used in watching television by Miami and Union City respondents

Language	Miami (n=662)[a] %	Union City (n=592)[b] %
Total	100.0	100.0
Only Spanish	18.0	32.6
Mostly Spanish	16.5	11.6
Spanish and English equally	23.7	22.3
Mostly English	25.1	13.7
Only English	16.7	19.8

a Missing data for 7 respondents.

b Missing data for 6 respondents.

Income

Table 16 displays family income data for the Cuban and total Spanish-origin populations as well as families not of Spanish origin. A word of caution is in order when interpreting these data. The figures for the Miami and Union City samples are for households in 1980, whereas those for the population of Cuban origin, Spanish origin and nonSpanish origin are for 1978 family income. The family income figures reflect higher income levels, as should be expected, despite the fact that they represent income earned approximately one year earlier. The reason average household incomes are lower is that many people with low incomes live in households with unrelated individuals. Therefore, the household figures are not directly comparable to those for families. The figures in Table 16 should be used only to compare the two sample populations with each other and for making comparisons among the total Cuban, Spanish and nonSpanish-origin families.

The percentage distributions for the Miami and Union City samples are virtually the same. A Chi Square test, as well as a t-test, showed no significant differences between the household income categories of the two samples and an index of dissimilarity indicates that less than 5 percent of either population would need to be distributed among the income classes for their percentage distributions to be identical.

When Cuban-origin family incomes are compared with those of the total Spanish-origin families, it is clear that the Cuban families generally have higher incomes. The proportion of Spanish-origin families with incomes less than $4,000 is almost double the corresponding percentage for the Cuban-origin families. The majority of Cuban families are in the $15,000 and above categories, as contrasted to only 41.0 percent of the Spanish-origin

families. The difference in median income between the two groups is almost $3,000.

Comparing the income figures for Cubans with those for families not of Spanish origin, it is obvious that the latter population is in a considerably better economic position. While 51.3 percent of Cuban families have incomes above $15,000, slightly more than 60 percent of nonHispanic

Table 16. Income of the Miami and Union City sample households compared to Cuban and Spanish-origin families of the United States, 1979[a]

Income	Miami households[b] (n=620) %	Union City households (n=580)[c] %	Total Cuban origin families[d] %	Total Spanish origin families[d] %	Families not of Spanish origin[d] %
Total	100.0	100.0	100.0	100.0	100.0
Less than $4,000	11.1	13.1	5.0	9.6	5.3
$4,000 to $6,999	14.5	12.9	10.6	14.2	8.4
$7,000 to $9,999	11.8	10.5	13.9	14.0	9.6
$10,000 to $14,999	24.4	22.7	19.2	21.2	16.5
$15,000 to $24,999	30.2	31.3	34.0	27.5	31.6
$25,000 or more	8.0	9.5	17.3	13.5	28.6
Median income	$12,506	$12,948	$15,326	$12,566	$17,912

a Note: Comparisons should not be made between the figures for households and families since these two units of analyses are not the same.

b Missing data for 49 cases.

c Missing data for 18 cases.

d Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 347: Persons of Spanish Origin in the United States, March 1979 Advance Report, Washington, D.C.: U.S. Government Printing Office, 1979, p. 6.

households are in those higher income categories, a contrast that is apparent in a difference of $2,600 between the median incomes of the two populations.

The figures in Table 17 display personal income data obtained from U.S. Bureau of the Census sources for four Hispanic populations and the non-Spanish population. Again, it is clear that the nonSpanish persons are siginificantly better off than each of the other groups. It is particularly interesting, however, to compare the individuals from the various Spanish-origin groups. In 1975 the Cubans had higher personal incomes than either the Mexicans or Puerto Ricans. Over the next two years, the income situation improved for the latter groups, whereas for the Cubans there was very little progress. Between 1975 and 1977 personal income for Cubans increased only $241, while for the Mexican and Puerto Rican populations it increased $1,061 and $574, respectively.

Furthermore, the gaps between the income levels of persons of Cuban origin and the individuals not of Spanish origin has increased. In 1975 the personal median income difference between the two was $529, while in 1977 it had increased to $1,060. It is clear that Mexican-Americans, Puerto Ricans and the nonHispanics have experienced more progress over this period than the Cuban-origin population.

Table 17. Income of persons 14 years and over of Cuban, Mexican, Puerto Rican, other Spanish, and nonSpanish origin in the United States, 1975, 1976, and 1977

Origin and income categories	1975[a]	1976[b]	1977[c]	Increase in median income 1975–1977 %
Cuban:				
Median Personal Income	$5,183	$4,975	$5,424	4.6
Percent with Incomes Below $5,000	48.2	50.1	46.5	
Percent with Incomes of $25,000 or more	1.0	1.2	2.4	
Mexican:				
Median Personal Income	$4,475	$4,873	$5,536	23.7
Percent with Incomes Below $5,000	54.1	51.1	46.2	
Percent with Incomes of $25,000 or more	0.7	0.8	1.2	
Puerto Rican:				
Median Personal Income	$4,871	$4,890	$5,445	11.8
Percent with Incomes Below $5,000	51.6	50.9	46.4	
Percent with Incomes of $25,000 or more	0.4	0.6	1.0	
Other Spanish:				
Median Personal Income	$5,669	$5,495	$5,784	2.0
Percent with Incomes Below $5,000	46.0	45.8	44.1	
Percent with Incomes of $25,000 or more	1.8	2.3	2.8	
Persons Not of Spanish Origin:				
Median Personal Income	$5,712	$6,064	$6,484	13.5
Percent with Incomes Below $5,000	N.A[d]	43.7	41.7	
Percent with Incomes of $25,000 or more	N.A[d]	3.9	5.0	

a Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 310: Persons of Spanish Origin in the United States, March 1976, Washington, D.C.: U.S. Government Printing Office, 1977, p. 6.

b Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 329: Persons of Spanish Origin in the United States, March 1977, Washington, D.C.: U.S. Government Printing Office, 1978, p. 6.

c Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 328: Persons of Spanish Origin in the United States, March 1978 (Advance Report, Washington, D.C.: U.S. Government Printing Office, 1978, p. 6.

d Not available from the above sources.

Occupational Structure

Some interesting patterns emerge when the occupational structure of the sample populations of Miami and Union city and the total Cuban-origin and total Spanish-origin populations are compared (Table 18). First, occupation is an area in which the Miami and Union City samples differ quite significantly. An index of dissimilarity shows that 17.2 percent of either population would need to be redistributed for the percentage distributions to be equal. A much larger share of Union City's labor force is concentrated in the operative category. This is related to that city's greater preponderance of blue-collar employment. Conversely, Miami's labor force is more concentrated in the clerical, professional and craft industries. Miami's occupational structure is more similar to that of the total Cuban-origin population than it is to Union City's. The index of dissimilarity for the difference between Miami's occupational characteristics and that of the total Cuban-origin population is 7.2 percent. In fact, the occupational distributions of both the Miami and Cuban-origin populations are more similar to the total Spanish-origin population than they are to that of Union City. Clearly, it is Union City that is atypical in terms of the employment of its Cuban-origin residents in the operative category. On the other hand, an index of dissimilarity comparison of the two cities with persons of nonHispanic origin shows siginificant differences for occupation composition, especially for Union City. In Miami the index is 17.9 percent and in Union City 31.2 percent. Figures in Table 18 indicate that the greatest discrepancy lies in the operative trade group where Cubans hold a much greater percentage of jobs and in the professional group where they hold a relatively lesser one.

Table 18. Occupation of employed persons in the Miami and Union City sample populations compared to total Cuban, Spanish-origin, and nonSpanish-origin populations of the United States, 1979

Occupational categories	Miami (n=991)[a]	Union City (n=837)[b]	Total Cuban origin[c]	Total Spanish origin[c]	Total not of Spanish origin[c]
	%	%	%	%	%
Total	100.0	100.0	100.0	100.0	100.0
Professional and technical	10.0	6.9	10.8	7.6	16.5
Managers and administrators	7.4	8.3	6.1	5.5	11.2
Sales	7.2	6.1	6.7	4.0	6.4
Clerical	19.9	10.9	16.3	16.0	18.4
Craft	11.4	7.5	15.5	13.7	12.9
Operatives, including transport	28.2	43.5	28.5	25.5	14.5
Laborers, excluding farm	6.1	6.3	4.4	7.6	4.2
Farmers and farm managers	0.0	0.0	0.3	0.1	1.5
Farm laborers and supervisors	0.1	0.0	0.2	3.3	1.0
Service workers	9.7	10.5	11.2	16.7	13.4

a Missing data are not applicable for 1,087 cases, especially those who do not work or are less than 14 years of age.

b Missing data are not applicable for 979 cases, especially those who do not work or are less than 14 years of age.

c Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 347: Persons of Spanish Origin in the United States, March 1979 (Advance Report), Washington, D.C.: U.S. Government Printing Office, 1979, p. 5. Although the figures from this source are for the employed population 16 years of age and above, it should not greatly affect the comparisons with the sample populations.

Comparison between the occupational structures of the total Cuban-origin population and persons not of Spanish origin (see Table 18) clearly illustrate that the latter enjoy higher occupational status. The Cubans are greatly over-represented in the operative class, while the nonHispanics are overrepresented in the professional and managerial categories. An index of dissimilarity shows that 17.2 percent of either of the two populations would would need to be redistributed for their percentage distributions to be equal.

The figures in Table 19 indicate that some subtle changes have taken place within the occupational structures of the Cuban, Mexican and Puerto Rican-origin populations during the 1970's. As was the case with income, it appears that some of the gaps between the Cuban-origin population and other Hispanic subgroups have diminished. For instance, Puerto Ricans have made more progress in the higher paying professional and technical job sector, to the point that they are approaching the employment percentage that characterizes Cubans in this class. Also, the Puerto Rican decline in the blue-collar "operatives" category has been more rapid than for persons of Cuban origin. In fact, by 1979 a slightly larger share of the Cuban-origin labor force was found in the operatives class than was the case for either Puerto Ricans or Mexican-Americans.

Another point should be made regarding the trends in the occupational characteristics of Cubans. The first waves of the Cuban influx during the early 1960's involved an immigrant labor force that was more heavily weighted by white-collar workers than is the case today. Figures tabulated by Fagen, et. al. for 1962 show that between 28 and 36 percent of the Cuban refugees in the labor force at that time were employed in the professional and

Table 19. Occupation of the total employed Cuban, Mexican, and Puerto Rican-origin persons in the United States, 1970, 1976, and 1979

Occupational categories	Cuban origin			Mexican origin			Puerto Rican origin		
	1970[a] %	1976[b] %	1979[c] %	1970[a] %	1976[b] %	1979[c] %	1970[a] %	1976[b] %	1979[c] %
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Professional and technical	11.1	12.5	10.8	5.6	5.7	5.8	5.5	6.9	9.1
Managers and administrators	4.9	4.6	6.1	3.3	4.7	5.1	3.3	3.9	4.4
Sales	5.3	5.2	6.7	4.0	3.0	3.1	3.8	4.0	3.4
Clerical	17.1	16.9	16.3	12.4	13.9	15.0	16.4	14.8	20.3
Craft	11.7	11.2	15.5	14.9	13.4	14.4	12.1	10.5	9.7
Operatives, including transport	31.9	30.5	28.5	26.6	26.7	25.8	35.7	30.1	26.3
Laborers, excluding farm	4.0	4.9	4.4	9.6	9.8	9.2	5.7	6.1	6.5
Farmers and farm managers	0.1	0.0	0.3	0.5	0.4	0.1	0.1	0.0	0.0
Farm laborers and supervisors	0.3	0.0	0.2	7.5	5.9	4.8	1.1	1.7	2.2
Service workers	13.6	14.2	11.2	15.6	16.4	16.7	16.3	21.9	18.2

a Source: U.S. Bureau of the Census, Census of Population 1970, Subject Reports, Final Report PC(2) Persons of Spanish Origin, Washington, D.C.: U.S. Government Printing Office, 1973, pp. 95, 101, and 104.

b Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 310: Persons of Spanish Origin in the United States: March 1976, Washington, D.C.: U.S. Government Printing Office, 1977, p.27.

c Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 347: Persons of Spanish Origin in the United States, March 1979 (Advance Report), Washington, D.C.: U.S. Government Printing Office, 1979, p. 5.

managerial categories.[11] In 1979, only 16.9 percent of the Cuban-origin labor force was employed in these occupations (see Table 19).

Apparently, most of this change took place during the "Freedom Flights" between 1965 and 1973 because the figures in Table 19 indicate that little change occurred between 1976 and 1979. Furthermore, there is tentative evidence to suggest that the recent arrival of Cubans after April of 1980 will bring about an even further decline in the percentage of the Cuban-origin labor force concentrated in the white-collar occupations.

Employment Status

Employment characteristics of the two samples and of the total Cuban-origin, total Spanish-origin and total white populations are displayed in Table 20. Caution should be exercised when interpreting these figures. The data for Miami and Union City refer to persons 14 years and older, whereas figures for the other three populations refer to persons 16 years and older. Thus, it should be expected that the labor force participation and employment percentages would be somewhat higher for the population 16 and over than would be the case for those 14 and over. The latter category would contain more youths who are attending school and would most likely not be participating in the labor force. The figures in Table 20 support this notion. The total Spanish and Cuban-origin populations have very similar labor force participation levels and employment rates, while the Miami sample has slightly higher labor force participation rates and employment levels than that of Union City.

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[11]Richard R. Fagen, Richard A. Brody, and Thomas J. O'Leary, Cubans in Exile: Dissaffection and the Revolution (Stanford, California: Stanford University Press, 1968) p.28.

Unlike labor force participation and employment percentages, unemployment rates for the 14-and-over and 16-and-over populations should be approximately comparable for all five classes shown in Table 20. This is because most Cuban-origin youths between the ages of 14 and 16 will be full-time students and thus will not be in the labor force, as it is defined by the U.S. Department of Labor.[12]

As shown in Table 20 the unemployment rate for the combined Miami and Union City survey samples is lower than the rate reported by the U.S. Department of Labor for Cubans and other Hispanics in the United States.

The unemployment rate for Cubans reflects a recent general trend toward a reduction in the nation's unemployment between 1978 and 1979. For instance, the unemployment rate for Cuban-Americans during the fourth quarter of 1978 was 9.2 percent. By the fourth quarter of 1979 it had dropped to 6.6 percent.[13] The average quarterly decline during this one year period was .65 percent, which is very close to the decline of .7 percent that occurred between the Cuban-origin unemployment rate for the fourth quarter of 1979 and the rate for the combined Miami and Union City samples in January 1980. Thus the unemployment rate of 5.9 percent for the combined samples is considered to be an accurate reflection of the January 1980 unemployment for the total Cuban-origin population.

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[12]The U.S. Department of Labor defines the labor force to include persons who are working; those who temporarily are not working due to such factors as vacation, illness, or bad weather, and those who are unemployed. The unemployed category only includes those people who are out of work, but were actively seeking work, during a reference week. It does not include those not looking for employment. U.S. Department of Labor, Employment in Perpective: Minority workers, Report 584, Fourth Quarter, 1979, Washington, D.C.: U.S. Department of Labor, February, 1980, p.3.

[13]Ibid

Table 20. Labor force and employment status of persons 14 years and over in the Miami and Union City sample populations and of persons 16 years and over in the Cuban, Spanish-origin, and white populations of the United States, 1979

Labor force and employment status	Miami (n=1765)[a]	Union City (n=1523)[b]	Both cities (n=3298)	Total Cuban origin[c]	Total Spanish origin[c]	White population of the U.S[c]
Percent of the population 14 (16) years and older in the labor force	59.0	56.7	57.9	65.2	63.6	64.2
Percent of the labor force employed	56.3	52.4	54.5	60.9	58.4	61.0
Percent of the labor unemployed	4.5	7.6	5.9	6.6	8.6	4.9

a Missing data for 5 cases.

b Missing data for 9 cases.

c Source: U.S. Department of Labor, Employment in Perspective: Minority Workers, Report 584, Fourth Quarter, 1979, Washington, D.C.: U.S. Department of Labor, February, 1980, pp. 2-3.

Although the Cuban-origin unemployment rate is lower than that for all Hispanics, it is still considerably above that of the total U.S. nonHispanic white population. However, the unemployment statistics do not reflect the high proportion of seasonal employment experience by the Cuban labor force in these cities. For example, in Miami, many Cubans lose their jobs in May when the garment industry slows production. Their unemployment is significantly higher during some parts of the year.

Demographic Characteristics of the Respondent

As indicated in the methodology section, information on items relative to problem identification, satisfaction and language usage apply only to the individual respondent. Therefore, a separate demographic profile on the respondent gives added dimension to the social and health service sections which follow. The analysis in these sections is based primarily on the experience of the respondent (N=699 in Miami and N=598 in Union City), 74.7 percent of whom are economically responsible for their households.

Based on median age figures, the respondent is 10 years older than the sampled population as a whole (36.3 vs. 46.3). Even though the sex ratios for the two cities are very similar (see Table 4), in Miami, 54.1 percent of the respondents are females, compared to 45.9 percent in Union City.

For the most part, the respondent, though economically responsible for the household, has a lower educational level than for the sample population as a whole. This, however, does not negatively affect the level of occupational achievement for the respondent (see Table 21). Compared to the occupational distribution of all persons (Table 18), a high proportion of respondents are in the professional and managerial categories. Labor force participation, as expected, is high (63.2 percent in Miami and 62.5 percent in Union City) as is unemployment. Distribution by occupations (Table 21) differs significantly between the two cities, with higher levels of occupations for Miami respondents.

In both cities there is a lower percentage of respondents (16 percent) who attend school in the United States as compared to the entire sample population (38 percent). Conversely, a greater percent of the respondents (95 percent) as compared to the entire sample (69 percent) attended school

in Cuba. However, educational achievement in Cuba was higher for the entire sample population than for the respondents.

Table 21. Occupation of employed respondents in the Miami and Union City sample populations

Occupational categories	Miami (n=423)* %	Union City (n=374)* %
Total	100.0	100.0
Professional	12.3	6.7
Managerial	10.4	9.6
Sales	6.9	4.3
Clerical	12.3	6.7
Craftsmen	14.7	7.5
Laborers	6.4	8.3
Operatives	25.5	46.2
Services	11.5	10.7

* Total number of respondents in the labor force for each city.

Conclusions

There are four general conclusions that can be reached from the sociodemographic profile that has been presented. First, the results obtained from the samples derived in Miami and Union City for the most part, were similar. Second, the sample data were very similar to data obtained by the U.S. Bureau of the Census for persons of Cuban origin. The similarity between the two samples as well as between the sample data and national Census data indicate that the samples adequately represented the national sociodemographic profile of the Cuban population. The third conclusion is that the Cuban origin population has generally been better off in social and economic terms than most other Hispanic groups living in the United States, despite the fact that they are among the most recent arrivals to this country. To some extent, this may be due to the relatively high socioeconomic status of the immigrant population prior to entering the United States. On the other hand, the gap between the Cubans and other Hispanics appears to be decreasing and can be expected to do so in the immediate future with the recent arrival of over 100,000 "boat people". In fact, it is very likely that these new arrivals may have already significantly increased unemployment levels among Cubans. Fourth, by virtually any socioeconomic indicator, the Cuban origin population is not as prosperous as the nonHispanic white population, and indications are that this gap has been widening during the past five years.

CHAPTER IV

EDUCATION: MIAMI AND UNION CITY

This analysis is based on the data generated by the random sample survey in Miami and Union City and on the review of the literature on Cubans. In addition, a great deal of information was acquired from Metropolitan Dade County documents, especially on the subject of that county's bilingual education programs. Finally, percentages of Hispanic students, faculty and administrators in the public school system and at Dade County's three major institutions of higher education were obtained either through interviews or through printed documents. Substantially more information was available for Dade County than for Union City.

Level of Schooling in the United States and Cuba

Tables 22 and 23 show that there is no major difference between the two cities studied in the percentage of the population that has attended school in either the United States or in Cuba. However, Miami Cubans past the eighth grade level show greater achievement and have a higher median education in both countries than do Cubans in Union City. Also, there are many more persons who have attended school in Cuba than in the United States.

Tables 24 and 25 contain absolute percentages of those who have completed a grade level without taking other years of schooling into consideration. Again, Miami residents show a greater percent completing grades for each category with the exception of eighth grade in Cuba. This higher percentage in one category for Union City can be explained by the exceptionally low percentage of high school graduates (there are half as many as in Miami).

Table 22. Last school grade completed by persons in the sample populations of Miami and Union City who attended school in the United States (cumulative percentages)[a]

Cumulative school grade completed in the U.S.	Miami (n=775)[b] %	Union City (n=726)[b] %
8th grade or higher	74.7	72.5
12th grade or higher	50.8	41.1
4 years of college or higher	8.3	5.1
Median school grade completed	10th grade	9th grade
Percent of total sample who attended school in the U.S.	37.3	40.0

a Percentages do not total 100 percent because they are cumulative figures, i.e., a person who completed 8th grade or higher might also have completed 12th grade or college.

b Total number who attended school in the U.S.

Table 23. Last school grade completed by persons in the sample populations of Miami and Union City who attended school in Cuba (cumulative percentages)[a]

Cumulative school grades completed in Cuba	Miami (n=1438)[b] %	Union City (n=1251)[b] %
8th grade or higher	55.6	47.4
12th grade or higher	35.8	21.1
4 years of college or higher	8.4	4.9
Median school grade completed	8th grade	7th grade
Percent of total sample who attended school in Cuba	69.2	68.9

a Percentages do not add to 100 percent because they are cumulative figures, i.e., a person who completed 8th grade or higher might also have completed 12th grade or college.

b Total number who attended school in Cuba.

Table 24. Last school grade completed by persons in the Miami and Union City sample populations who attend or have attended school in the United States

Last school grade completed in U.S.	Miami (n=775)[a] %	Union City (n=726)[a] %
All grades	100.0	100.0
8th grade	4.1	7.7
High school graduate	26.6	24.1
4 or more years of college	5.6	3.3
Graduate school	2.7	1.8
All other grades[b]	61.0	63.1
Percent of total sample who attended or have attended school in the U.S.	37.3	40.0

a Total number who attend or have attended school in the U.S.

b This category includes all grades K-12 not shown in the table.

Table 25. Last school grade completed in Cuba by persons in the Miami and Union City sample populations who attended school in Cuba

Last school grade completed in Cuba	Miami (n=1438)[a] %	Union City (n=1251)[a] %
All grades	100.0	100.0
8th grade	12.9	17.8
High school graduate	20.7	11.6
4 or more years of college	5.1	2.8
Graduate school	3.3	2.1
All other grades[b]	58.0	65.7
Percent of total sample who attended school in Cuba	69.2	68.9

a Total number who attended school in Cuba.

b This category includes all grades K-12 not shown in the table.

When comparing level of schooling for the United States and Cuba, the reader should keep in mind that many persons who began or finished their schooling in Cuba completed or found it necessary to repeat their education in the United States. This highlights the problem that many Cubans experience when they immigrate to the United States and lose their professional status, i.e. their educational advantage. They must either take jobs where they are underemployed or establish a professional standing in the United States with repeated education.

Last school grade completed in the United States and Cuba was cross-tabulated by several variables for Miami and Union City. Income and occupation variables yielded the most information. There is an expected positive correlation between greater educational levels and higher income. A similar finding on Cubans was present in a study by Clark and Portes who found the following relationship in their sample: incomplete elementary-$474/mo.; elementary $598/mo.; incomplete secondary-$632/mo.; secondary or college-$688/mo.[1] Also for U.S.-educated individuals in the sample, there is a positive correlation between educational level and occupation.

On the other hand, education in Cuba does not affect the type of occupation in the United States, except for university graduates. In Union City, the number of Cuba-educated professionals engaged in nonprofessional, nontechnical occupations is equal to the number practicing the profession for which they were trained. Hence it appears that Cuban professionals in Union City educated only in Cuba are severely underemployed in the United States.

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[1]Alejandro Portes and Juan M. Clark, Cuban Immigration to the United States, 1972-1979: A Preliminary Report of Findings, May 13, 1980, Table 3, p. 1.

Taking into account the severe language problems suffered by Cubans not educated in the United States, employment as an operative or in a work site (where speaking English is not necessary) often becomes the only alternative for those seeking employment. This finding is highlighted by comparing our sample data with 1978 data from the U.S. Census Bureau. In Union City, employment was more heavily concentrated in operative positions, (43.4 percent of all Cuban employed persons) than it was in Miami (28 percent), or for the total U.S. Cuban-origin population (23.1 percent).[2]

For persons 25 years and older, we also examined the relationship between last grade of school completed in the United States and Cuba with respect to: 1) country of birth, 2) legal status in the United States and 3) length of residence in the United States. For the foreign born we extended our evaluation of legal status in the United States and language(s) spoken in the home to persons of all ages who attend or have attended school in the United States and in Cuba.

Of those over 25 years of age who attended school in the United States, the Miami sample had more Cuban-born persons with at least some college education (35.7 percent) than did Union City (35.4 percent). Of those over 25 years of age born and educated in the United States, half of both sample populations had high school degrees. The remaining 50 percent in Miami had some college, while only 30 percent in Union City had some college. The median U.S. education for the Miami sample was 1-3 years of college; for Union City it was 12th grade. Since only those 25 years old and over were included in this crosstabulation, all those born in the United States came from families that immigrated prior to the Cuban revolution.

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[2]U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 339; Persons of Spanish Origin in the United States, March 1978 (Washington, D.C. U.S. Government Printing Office, 1979) p. 26.

For this study, U.S. legal status is divided into: 1) refugee/parolee, 2) permanent resident, and 3) citizen.[3] Of those 25 years and older who attended school in the United States, the Miami refugee/parolees (3.5 percent), and permanent residents (28.7 percent) have a 12th grade median education, while for citizens (67.8 percent) the median is 1-3 years of college. Thus Miami Cubans who are citizens exhibit higher educational levels in comparison with those who are either permanent residents or refugee/parolees. The same holds true for the Union City sample, except that the educational levels are somewhat lower; the median school year completed for refugees (6.2 percent) is 9-11th grades, while for residents (43.8 percent) and citizens (50.0 percent), the median is 12th grade.

This study found that those who attended school in Cuba exclusively exhibit much lower levels of education than the U.S.-educated sample, regardless of citizenship status.

Language Preference

If it is assumed that language spoken in the home by the respondent is representative of the language spoken by other household members, then the findings as to home language preference of the respondents can be generalized to all members of the household. On this basis, Spanish is still the language spoken in the home by the majority of Cubans of all educational levels. However, more English is spoken in the home in Union City than in Miami (see Tables 26 and 27).

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[3]Status of persons entering the United States as defined by Immigration and Naturalization Services:

U.S. citizen
permanent residents
non-immigrants
refugees
parolees
illegal aliens

For all age groups in both cities, the higher the level of education in the United States, the greater the tendency to speak English at home. Miami is the major metropolitan area in Florida and a large multi-institutional Spanish-speaking Cuban community resides there. Thus, compared to Union City, the relatively lesser need to speak English away from home is carried into the home by Miami Cubans. More than twice the college graduates from Union City (39.1 percent) speak some English at home than do college graduates residing in Miami (18.6 percent).

The need to learn English is the foremost problem facing Cubans of all ages. This is a very strong theme that runs throughout this study and in the literature.

A seven-year study by Portes and Clark conducted in Miami from 1973 to 1980 shows the importance of the language problem for Cuban refugees. Their sample consisted of 390 Cuban males who arrived in the United States in 1972 or 1973. At the initial interview in 1973, they listed as their three major problems: transportation (18.3 percent), economic difficulties and unemployment (16.3 percent), and learning English (16.1 percent). Three years later, learning English jumped to first place (31.1 percent), and economic problems was the second most important problem (21.6 percent).[4]

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[4]Portes and Clark, p. 1-2.

Table 26. Language spoken at home by the Union City sample population, according to last school grade completed in the United States and Cuba

Language(s) spoken at home*	Last school grade completed							
	8th grade		12th grade		16th grade		All grades	
	U.S. (n=32) %	Cuba (n=185) %	U.S. (n=205) %	Cuba (n=296) %	U.S. (n=43) %	Cuba (n=92) %	U.S. (n=785) %	Cuba (n=1438) %
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Spanish only	93.8	94.6	84.3	90.2	81.4	94.4	86.3	93.5
Mostly Spanish	3.1	3.2	8.8	6.8	2.3	1.4	6.5	4.0
Spanish and English equally	3.1	2.2	3.9	2.7	9.3	4.2	4.9	2.4
Mostly English	0.0	0.0	1.5	0.3	4.7	0.0	1.3	0.1
English only	0.0	0.0	1.5	0.0	2.3	0.0	1.0	0.0

* It is assumed that the language spoken at home by the respondent is representative of the other household members who have attended school.

Table 27. Language spoken at home by the Union City sample population, according to last school grade completed in the United States and Cuba

Language(s) spoken at home*	Last school grade completed in the U.S.							
	8th grade		12th grade		16th grade		All grades	
	U.S. (n=54) %	Cuba (n=418) %	U.S (n=170) %	Cuba (n=142) %	U.S. (n=23) %	Cuba (n=34) %	U.S. (n=726) %	Cuba (n=1251) %
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Spanish only	77.8	86.3	79.4	78.9	60.9	88.3	78.4	85.9
Mostly Spanish	5.6	5.5	7.6	6.3	8.7	2.9	7.2	4.6
Spanish and English equally	14.8	6.4	11.2	12.0	21.7	8.8	12.2	7.7
Mostly English	1.8	0.0	0.6	0.0	0.0	0.0	0.4	0.5
English only	0.0	1.8	1.2	2.8	8.7	0.0	1.8	1.3

* It is assumed that language spoken at home by the respondent is representative of the other household members who have attende school.

Length of Residence in the United States

Only those foreign-born, 25 years or older, who attended school in the United States were included in our analysis of the relationship of level of education to length of residence in the United States. The majority of Miami Cubans who have attended school in the United States have lived here at least 11 years, while in Union City, 6-10 year residents also figure prominently in the group that has attended school.

Current School Enrollment

Current school enrollment in the Miami sample is 27 percent (n=553) and in Union City 29 percent (n=520). Of those enrolled, the majority attend grade-school/high-school programs (78.0 percent in Miami and 81.1 percent in Union City). Four percent in Miami and 5.4 percent in Union City are enrolled in vocational schools. Fifteen percent in Miami are enrolled in college compared to 12.7 percent in Union City. In Miami, 3 percent are enrolled in nursery or day care compared to 0.8 percent in Union City.

Cubans are better represented in the student body than in the professional or nonprofessional staff of Dade's educational institutions. Table 28 shows the percentages of Hispanic students, faculty, and administrators in the Dade County public school system.

It is clear that Hispanics are severely underrepresented in teaching and administrative positions. Even a long-discriminated group such as Blacks are more equitably represented among school employees. The 1979-80 figures for Blacks in the Dade County school system provided by Dade County Board of Public Instructions are: students, 29.9 percent; teachers, 25.6 percent; and administrators, 25.9 percent. NonHispanic Whites account for 35.6 percent of the students, 62.3 percent of the teachers, and 64.0 percent of the administrators.

Table 28. Hispanic students, faculty, and administrators in the Dade County Public School System, grades K-12, 1977-1979*

Classification	Percent Hispanic		
	1977-78	1978-79	1979-80
Students	31.5	32.3	33.7
Faculty	11.0	11.0	11.7
Administrators	8.6	8.9	9.8

* Source: Dade County Board of Public Instruction, Ethnic/Racial Characteristics of Pupils and Staff, Office of Management and Budget, 1977, p. 9-10, 1978, p. 1, 1979, p. 1. No separate records are kept for Cubans, but it is estimated that in January, 1980, 80 percent of Dade County Hispanics were Cubans.

Whether or not this underrepresentation is having negative repercussions for Cuban students needs to be studied. However, it should be noted that the school dropout rate for Hispanics used to be the lowest of Dade County's three major ethnic groups. This rate is now slightly higher than that of nonHispanic Whites. The figures for 1978-79 Dade high-school dropouts provided by the Dade County Board of Public Instruction are: Hispanic, 18.7 percent; nonHispanic White, 18.4 percent; nonHispanic Black, 26.1 percent. Significantly, for Hispanics, this represents a 27.9 percent increase from the previous year, while the rate for Blacks dropped by 2.2 percent and for nonHispanic Whites it only increased by 3.5 percent.[5]

With respect to the underrepresentation of Hispanic professional staff, the same situation exists at Dade County's major institutions of higher learning, as Table 29 shows.

[5]Dade County Public Schools, Placement and Follow Up Services, Report of Dropout Students, 1979-80.

In terms of attendance, Miami-Dade, a low-tuition community college, attracts an almost exact proportion of Hispanic students as there are total Hispanics in Dade County (40 percent). Florida International University, a public upper-division and graduate-school university with a

Table 29. Hispanic students, faculty, and administrators for selected educational institutions of higher education in Dade County, 1979

Institution	Percent Hispanic		
	Student	Faculty	Administrators
Miami-Dade Community College (MDCC)[a]	39.7	10.2	17.4
Florida International University (FIU)[b]	26.0	10.0	7.0
University of Miami (UM)[c]	16.5	1.9	5.3

a Source: Miami Dade Community College, Office of Institutional Research, Student Enrollment Report by Ethnic Category, Fall, 1979, Personnel Department, Personnel Payroll System Computer Bank.

b Source: Florida International University, Office of Institutional Research, Student Enrollment History, Fall, 1979, p. 1: Office of Minority Affairs and Women's Concerns, Affirmative Action Plan Report, July, 1980, p. 31-56.

c Source: University of Miami, Affirmative Action Office, University of Miami Student Population by Sex and Race, Sept., 1979; Equal Employment Opportunity-6 Report, Sept. 1979.

reasonably low tuition structure, attracts a lower but still respectable percentage of Hispanic students. The University of Miami, on the other hand, is a private institution with much higher tuition rates, so that the economic factor may reduce Hispanic enrollment. It should be noted that the same disproportionately low representation of Hispanics in teaching and administrative positions holds true for all three higher education institutions examined in this report.

The low representation of Hispanic teachers has been investigated in an independent study by Sevick, A History and Evaluation of the Cuban Teacher Retraining Program of the University of Miami, 1963-1973. He points out that one reason why Cubans are underrepresented in the teaching ranks, is that although the University of Miami's retraining program was helpful to the younger Cuban teachers with very little experience, it was not effective for the older teachers, and those who had taught for a longer period in Cuba. He recommended that more English language training was needed, that closer communication with the participants was essential, and that there should be greater flexibility in the curriculum. He also concluded that further study of the problem was needed.

For all age groups in Union City and Miami, survey data on current school enrollment was crosstabulated by: age, U.S. legal status, length of residence in the United States, and language(s) spoken at home.

The only difference between the two cities with respect to age is that in Miami 10.4 percent of children one to four are in nursery school or day care programs, while in Union City only 2.6 percent of the children participate in such programs.

Regarding legal status in the United States, it is interesting to note that in both cities, a higher percentage of refugee/parolees and citizens are enrolled in school than permanent residents.

In terms of length of residence in the United States, enrollment for grade/high school academic programs is highest for 5-10 year residents, followed by the 11-15 year group. However, the pattern varies for higher education. Those residing in the United States more than 10 years have the highest rates of college enrollment. This probably reflects the lower socio-economic status of Cuban refugees of the later migration process,

as well as age composition. Union City and Miami showed no difference regarding the relationship of current school enrollment to length of residence in the United States.

A smaller percentage of persons from households in which only Spanish is spoken (based on the answer of the respondent) are enrolled in school than is true of those who speak at least some English in the home. Those who live in households where some English but mostly Spanish is spoken have the highest enrollment in grade/high-school academic programs, and those who speak English and Spanish equally at home have the highest college enrollment. Obviously, the ability to speak English is a key element in pursuing an education in this country. The higher one's level of education in the United States, the higher one's mastery of the English language. Likewise language proficiency contributes to achieving higher educational levels.

Enrollment in Public or Private Schools

In both Miami and Union City, public school enrollment in kindergarten through 12th grades is about 81 percent, and private school enrollment about 19 percent. Differences between the cities become evident with age crosstabulations. In Miami, 63.6 percent of children one to four attending day care centers are in private day care centers/schools. It's understandable that such a high percentage should choose private Cuban-operated nursery schools and day care centers since there is a lack of public facilities in both cities. Also, in Miami, the many 25-29 year olds choosing private over public schools are probably graduate students who take courses not available in public institutions, and students preferring private colleges.

In Union City, only 11.3 percent in the 15-19 age bracket attend private schools while 43.4 percent in the 20-24 age group do so. The New

York City area has many private colleges and universities, and there are also several on the New Jersey side of the Hudson River.

Higher household income seems to be a positive factor in private school enrollment. In Miami, those with a household income in the $15,000-$25,000 bracket have a 32.8 percent private school enrollment. In Union City, 33.9 percent of those with a household income over $25,000 attend private schools.

In Miami, 95 percent of all persons enrolled in school live in households where the respondent speaks some English, but mostly Spanish. This figure is slightly lower in Union City (89 percent) as more households speak as much English as they do Spanish. In both cities the few who speak mostly English at home are enrolled in public schools.

In Miami, 57 percent of students enrolled in school are U.S. citizens, compared to seven percent of refugee/parolees, and 36 percent of residents. In Union City citizens comprise 46 percent of total enrollment, residents 46 percent and refugees 8 percent. When these figures are compared to public and private school enrollment, citizens are overrepresented in private schools by 20 percent while residents and refugees are underrepresented (see Table 30). These figures suggest that though income is the greatest factor in private/public school enrollment, Spanish language preference and citizenship status increase private school enrollment.

Table 30. Legal status in the United States of persons in the Miami and Union City sample populations enrolled in private and public schools

U.S. legal status	Miami (n=553)		Union City (n=517)*	
	Public %	Private %	Public %	Private %
Total	100.0	100.0	100.0	100.0
Refugees	7.5	4.9	8.4	2.9
Residents	38.8	24.3	48.9	32.4
Citizens	53.7	70.8	41.9	64.7

* Missing data for 3 cases, thus percentages do not add to 100 for public school enrollment.

Financial Aid

There is a great deal of difference between Miami and Union City with respect to student use of financial aid at all grade levels. In Union City, the percentage of recipients is 12.4, and in Miami it is a low 6.3 percent. Table 31 shows the distribution of types of assistance by city.

It seems that compared to Union City, Miami Cubans are not taking advantage of the financial aid that is available. In light of the strong similarities in median income of Cubans from both Miami and Union City (see Table 16) it is surprising that there are twice as many financial aid recipients in Union City than in Miami. In this case, the discrepancy is so great that it merits further study.

Relative to the total number attending schools, the age group receiving the most financial aid in both cities is the 20-24 year old (55.7 percent, n=29, in Union City and 25 percent, n=9, in Miami). The 15-19 year age group also receives a significant portion of financial aid at 11.9 percent,

Table 31. Source of financial aid received by persons in the Miami and Union City sample populations enrolled in any type of educational institution

Source of financial aid	Miami (n=34)[a] %	Union City (n=61)[b] %
Percent of those enrolled receiving aid from all sources	6.3	12.4
Government grant	2.4	7.1
Private grant	0.2	0.4
Government loan	0.9	1.8
Private loan	0.4	0.8
Government scholarship	1.7	0.6
Private scholarship	0.6	0.4
Government work/study	0.2	0.6
Private work/study	0.0	0.6

a Number enrolled: 536 (missing data for 17 cases).

b Number enrolled: 493 (missing data for 27 cases).

n=18, in Miami and 8.8 percent, n=16, in Union City. On the other hand, considering only those students who receive financial aid, high school students receive 56 percent of all aid in Miami compared to 29.5 percent in Union City.

In both cities 20-30 percent more females received government grants and scholarships than males.

In Union City, no sampled Cubans born in the United States received financial aid for school, while 18.2 percent of those born in Cuba did. In Miami, the same situation exists. Of those born in Cuba, 9.3 percent have received aid for education, compared to 2.3 percent of those born in

the United States. When language spoken at home is introduced as a factor, important distinctions appear between the Miami and Union City samples. In Miami, all financial aid recipients live in households where only Spanish is spoken, while in Union City, 21.3 percent of financial aid recipients live in households where some English is spoken.

Of those in the Union City sample who receive financial aid for education, 57 percent have lived in the United States 11-15 years, while 33 percent have lived here 6 to 10 years. In Miami, the situation is similar. Forty-seven percent of recipients are 11-15 year residents, and of those living here 6 to 10 years, 29 percent receive aid. Also, in Miami, 6 percent of recipients living in the United States one year or less, receive government grants for education.

As shown in Table 32, U.S. legal status seems to be related with the propensity to receive financial aid for education. Residents and refugees receive a greater percentage of financial aid than do citizens in both Miami and Union City. Comparing the data for Miami and Union City, citizens and refugees in Union City are receiving a larger percentage of aid than their counterparts in Miami.

Table 32. Legal status in the United States of persons in the Miami and Union City sample populations attending educational institutions

U.S. legal status	Miami (n=536)[a]		Union City (n=490)[b]	
	No.	%	No.	%
Citizens	12	3.9	26	11.2
Residents	19	10.1	28	12.6
Refugees	3	7.9	7	19.4

[a] Number enrolled (missing data for 17 cases).

[b] Number enrolled (missing data for 30 cases).

Bilingual Education

Participation in bilingual education differs between Miami and Union City. It is high in Miami where at least 27 percent of persons enrolled in all types of educational institutions participate in bilingual programs. In Union City, however, only 6.6 percent are participants.

In Miami, there are several types of bilingual education offered by the school system:

1. English as a second language (ESL)
2. Spanish for Spanish speakers (Spanish-S)
3. Spanish as a second language (SSL)
4. Curriculum content in Spanish (CCS)

These are offered in various combinations, or individually. CCS usually takes place in a bilingual school organization (BISO). BISO schools generally offer course content for a half day in each language. Spanish-S is a maintenance program to help native Spanish speakers retain and improve their Spanish-speaking ability. It usually also includes learning about

Hispanic culture, mostly Cuban. These programs have been evaluated as being very positive.[9]

In Miami, the bilingual program is available throughout the first nine grades. Of all persons enrolled in bilingual programs, 38.4 percent are five to 14 years old. Another 19.2 percent are 15-19 years old. In Union City, where overall participation is much lower, 31 percent of all participants are five to 14 years old and another 32 percent are 15-19 years old.

In Miami, those living in the U.S. six to 10 years have the highest rate of enrollment in bilingual education programs (47 percent). Those living there 11-15 years have a 28 percent rate of participation. Of all those enrolled in bilingual programs in Miami, 76.6 have lived in the United States at least six years. In Union City the trend is similar as 82.8 percent of those in bilingual programs have lived in the U.S. at least six years.

There is little difference between residents and citizens in terms of bilingual participation in either city. However, the rate of participation by refugees-parolees is slightly higher than for the other legal status categories in Miami, and much higher in Union City (two-and-a-half times that of either residents or citizens). Only those who reside in households in which Spanish only or mostly Spanish is spoken are enrolled in bilingual education programs both in Miami and in Union City.

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[9] Evaluation of the transitional Bilingual Basic Skills Program Final Evaluation Report 1976-1979, Dade County Public Schools, Office of Management and Budget, December, 1980. Evaluation of Dade County BISO Program, 1976-77

Findings

1. Cubans who are U.S. citizens, as compared to Cubans who are not, are more likely to have achieved higher levels of education and income and have a greater propensity to speak English at home.

2. The level of educational achievement in Cuba does not have as much positive impact on income, employment, amount of English spoken in the home, occupation, or citizenship status as does the level of education attained in the United States.

3. Cubans in Miami who arrived in the United States during the first five years of the exodus had, on the average, five more years of education in Cuba than Cubans in Miami who arrived more recently, or than Cubans in Union City regardless of when they arrived. Miami Cubans have generally achieved higher levels of education than those in Union City.

4. In Dade County, Cubans are significantly underrepresented in the ranks of teachers and administrators, both in the public school system and in the major institutions of higher learning. According to independent studies, current and past efforts to retrain Cuban teachers in Miami have been inadequate, thereby contributing to the proportionately low number of Cuban teachers in the area.

5. The school dropout rate for Cuban students in Miami has been increasing at an alarming rate during the last two years.

6. Adult Cubans in Miami enroll in school at a higher rate than their counterparts in Union City, especially in courses to learn English.

7. Private school attendance is at least twice as high for those with U.S. citizenship, than for those who have refugee or resident status.

8. Compared with Union City, very few Miami Cubans receive financial aid for education. Persons born in Cuba receive much more financial aid for education than Cubans born in the United States. In Miami, all recipients of financial aid speak only Spanish in the home. In Union City, those who speak English and Spanish equally in the home receive the highest percentage of financial aid for education, followed by those who speak some English but mostly Spanish. Those who have lived in the United States from 11 to 15 years have the highest percentage receiving financial aid for education.

9. Those who speak English and Spanish equally in the home have the highest level of college enrollment. More English is spoken in the home in Union City than in Miami, although Spanish predominates in both cities. As compared to our Miami sample, very few Union City Cubans are enrolled in bilingual programs. In Miami, those residing in the country six to 10 years have nearly twice the percentage of enrollment in bilingual programs than those here 11-15 years. Percentage of enrollment for other categories of length of residence are small. Cubans with refugee status have the highest proportionate enrollment in bilingual programs.

Recommendations

1. Since a higher level of education in Cuba has little positive impact on income, occupation or employment in the United States, it is necessary to develop intensive English language training as well as high quality recertification programs for professionals educated in Cuba. Intensive teacher retraining programs are necessary to overcome the disproportionately low percentage of Cuban teachers and administrators at all levels of education in Dade County.

2. A study is needed to determine why the Cuban students' school dropout rate has increased so drastically in Dade County over the past two years.

3. A study is needed to find out why relatively few Cubans in Miami receive financial aid for education as compared with the Union City sample.

CHAPTER V

SOCIAL SERVICES UTILIZATION: MIAMI AND UNION CITY

This chapter discusses the utilization of the following social services:

1) Supplemental Security Income (SSI)
2) Aid to Families with Dependent Children (AFDC)
3) Medicaid
4) Medicare
5) Medicaid Screening
6) Social Security Assistance (SSA)
7) Food Stamps
8) Unemployment Benefits
9) State General Assistance (GA)

Each service has been analyzed in terms of: 1) utilization, 2) problem identification, 3) language usage, 4) referral service, and 5) satisfaction. The five concerns were analyzed with pertinent demographic data such as household income, source of income, and age of user.

For the probability sample cities, analysis covers: 1) role of the Cuban Refugee Program, 2) identification of Cubans as users of individual services, and 3) the identification of household characteristics which tend to result in a particular usage pattern for the different services. Each approach is discussed in a separate section. Throughout this chapter, the reader will find independent statistics on service utilization in Miami for comparison with the statistics collected by this study. Presently, social service agencies collect statistics by race, not ethnicity, and thus there is no regularly published information on social service utilization by Cubans.

Role of the Cuban Refugee Program (CRP)

The Cuban Refugee Program was organized in Miami in 1961 to assist Cuban refugees in becoming self supportive. As a federal agency, the Cuban Refugee Program took the financial burden away from local governments in

the principal cities where Cubans settled, such as Miami and Union City. The program has registered and directed over three hundred thousand immigrants to the social service(s) for which they were qualified, e.g. SSI, GA, AFDC, and Medicaid. For this reason the CRP has played a significant role in the use of these services by the Cuban population and in the gathering of data on this use. Thus, the CRP represents an important source of data for comparisons with the study results in this chapter of the report.

In 1978 a six year phaseout program was initiated for the CRP on the basis that all eligible refugees had been transferred to state funded AFDC and Medicaid Programs. In this sense the CRP has been successful in helping adjust a needy refugee population through the implementation of financial, medical, and self development programs.

Since phaseout of the CRP, county and state GA programs have had to take on the burden of those recipients who do not qualify for aid under the existing categorical programs but who still need assistance. Most of these programs do not record the ethnic origin of the applicant. Thus there is no longer data available on the rate of applications made by Cubans or on the rejection rates of such applications. For this reason, data supplied to us by the CRP on service utilization by Cubans in Miami is the most accurate for comparison with our sample statistics.

This survey collected data on the number of recipients referred by the CRP to each of the social services. In Table 33, sample usage figures serve to estimate the actual number of users in Miami referred by the CRP. They are compared to the figures on present usage of SSI, Medicaid and Food Stamps supplied by the CRP. This is particularly important for SSI and Medicaid, as these services do not keep records of usage by ethnic groups.

Table 33. Total Cuban service users in Miami estimated from the Miami sample as compared to service users reported by the CRP for selected services with high frequency of utilization [a]

Type of social service	Total sample Cubans using individual services in Miami (n=2078)		Estimated total number of Cuban users based on sample statistics[a]	Percent of sample users referred by CRP	Estimated number of Cuban users sponsored by CRP based on sample statistics[b]	Actual number of Cuban users sponsored by CRP in 1979[c]
	No.	%	No.[b]	%	No.[c]	No.
SSI	198	9.5	48,000	56.6	27,168	30,000
Medicaid	244	11.7	59,000	56.7	33,453	30,000
Food Stamps	269	13.1	65,500	47.8	31,309	30,000

a Comparison between b and c for each service show that sample data are comparable with actual figures.

b Calculation of estimated number of users for each service is based on a Cuban population in Miami of 500,000, thus n=500,000.

c Calculation for estimated number of Cuban users in Miami referred by the CRP, thus n = estimated number of Cuban users.

d Actual figures for Cuban users in Miami referred by the CRP in 1979 were supplied by the Cuban Refugee Program, Miami, Florida 1980 in telephone interviews.

For SSI, Medicaid, and Food Stamps, actual service utilization data provided by the CRP was found to be comparable to estimates obtained from the Miami sample.

Service Utilization

In this section the reader will find the results of utilization frequencies for each of the nine social services as well as crosstabulations with household income and age variables. Findings are presented under a separate heading for each service. Table 34 gives a summary of usage for both sample cities. Also included in each section is a discussion of difficulties, language preference, and source of information on a particular service. Because these questions were asked only of the respondent, frequencies for the respondent only are also presented in Table 35 and 36, along with difficulties experienced.

Supplemental Security Income

The Social Security Administration provides financial assistance to persons who are blind, disabled or over 65 through the Supplemental Security Income program. Benefits can be granted after 30 days of residence in the United States. For both Miami and Union City, information on SSI reaches respondents primarily through a formal referral. [1] In Miami, the Spanish media is an additional source of information for 20 percent of respondents. For a population of respondants of whom 89 percent communicate in Spanish

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[1]Throughout the report formal and informal referrals are defined as:

Formal referral - the user is referred by one agency to another automatically based on eligibility for that service.

Informal referral - the user is referred by one agency to another without knowledge of eligibility.

Table 34. Utilization of social services by the Miami and Union City sample populations

Type of social service	Miami recipients (n=2078)*		Union City recipients (n=1816)*	
	No.	%	No.	%
SSI	198	9.6	159	8.8
AFDC	7	0.3	59	3.3
Medicaid	244	11.8	286	15.8
Medicare	287	14.0	141	7.8
Medicaid Screening	19	0.9	0	0.0
SSA	206	10.0	88	4.9
Food Stamps	269	13.1	224	12.3
Unemployment	5	0.2	48	2.7
State General Assistance	23	1.1	73	4.0

* Percentages do not add to 100 nor numbers to their respective totals because social services do not constitute mutually exclusive categories, i.e., the same person may receive more than one service or none at all.

with SSI staff, this use of the Spanish media is very important. Union City respondents on the other hand have only 1.2 percent Spanish media referral, and identify 48 percent of their complaints as language related difficulties. Forty-two percent of Miami's complaints center around transportation while overall problems are fewer and satisfaction with service is consistently higher than in Union City. In Union City, 41 percent (n=27) of all respondent users (n=66) have difficulties compared to 27 percent (n=24) of all respondent users (n=88) in Miami (see Tables 35 and 36). The proportion of use for both cities is highest among persons over

60 years (see Tables 37 and 38). Sixty percent of all cases fall in the $3,000-$6,000 household income category. Forty-five percent of respondent recipients of SSI claim it as their primary source of income.

Aid to Families with Dependent Children

The Aid to Families with Dependent Children program provides financial assistance to needy families with dependent children under 18 years of age who have support from only one parent. The State of Florida Health and Rehabilitative Services provided their statistics for AFDC usage by Cubans in Miami (see Table 39). Cuban recipients represent 19 percent of their total caseload. Thus, one out of five AFDC recipients reported by the AFDC agency in Miami is Cuban. Since such a large proportion of Miami's AFDC recipients are Cuban, the specific needs of Cubans should be considered in the structuring and organization of AFDC services. For example, needs of Cuban AFDC mothers should be considered when deciding the location of child care facilities in areas with large Cuban populations.

The study identified 7 AFDC cases in Miami and 59 in Union City (see Table 34). Seventy percent of AFDC recipients in Union City have household incomes below $10,000. Union City data show as many as three persons in the household were receiving AFDC benefits. In Miami, there were as many as four persons receiving AFDC benefits in a single household.

Half of the AFDC recipients from Union City claim it as their major source of income. Only 28 percent of them are working, while 30 percent claim AFDC as a secondary income source. Forty-two percent of these AFDC recipients claim Food Stamps as a tertiary source of income. Additional figures indicate the majority of these AFDC recipients are nonworking women.

Of the fifteen AFDC respondents in Union City, eleven were referred by friends. The media played no part in relaying the availability of this

Table 35. Utilization of social services and difficulties experienced by Miami respondents

Type of service	Utilization (n=669)		Percent reporting difficulties	Major difficulties identified	Percent of all complainants reporting each major difficulty
	No.	%			
SSI	88	13.2	27.3	transportation	42.0
				language	21.0
APDC	2	0.3	50.0	unpleasant physical environment	100.0
Medicaid	100	15.3	20.6	transportation	47.6
				language	19.0
Medicare	136	20.3	23.5	transportation	28.0
				language	28.0
				red tape	9.4
Medicaid Screening	5	0.7	20.0	transportation	100.0
SSA	112	16.7	20.5	language	30.4
				red tape	26.0
				transportation	13.0
Food Stamps	103	15.4	25.7	transportation	44.4
				language	18.5
				red tape	18.5
Unemployment	4	0.6	25.0	red tape	100.0
State General Assistance	8	1.2	37.5	transportation	33.3
				red tape	33.3

* Percentages do not add to 100 nor numbers to their respective totals because social services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Table 36. Utilization of social services and difficulties experienced by Union City respondents*

Type of social service	Utilization (n=598)		Percent reporting difficulties	Major difficulties identified	Percent of complainants reporting each major difficulty
	No.	%			
SSI	66	11.0	41.0	language	48.1
				location	14.8
AFDC	15	2.5	66.6	red tape	30.0
				lack of day care	30.0
				language	20.0
Medicaid	112	18.7	32.1	language	52.7
				location	16.6
				red tape	13.8
Medicare	64	10.7	28.1	language	61.6
				red tape	16.6
Medicaid Screening	0	0.0	0.0	N/A	N/A
SSA	49	8.2	32.6	language	68.8
				time lag	12.5
Food Stamps	108	18.1	36.1	language	36.0
				red tape	33.3
Unemployment	24	4.0	33.3	language	75.0
State General Assistance	30	5.0	6.6	language	50.0
				poor quality of service	50.0

Percentages do not add to 100 nor numbers to their respective totals because social services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Table 37. Utilization of social services by persons over 60 and under 20 years in the Miami sample population*

Type of social services	Total users (n=2078)		Users over 60 years old		Users under 20 years old	
	No.	%	No.	%	No.	%
SSI	198	9.6	158	80.0	4	2.0
Medicaid	244	11.8	184	76.0	14	6.0
Food stamps	269	13.1	173	65.0	36	14.0
SSA	206	10.1	170	83.0	7	4.0
Medicare	237	14.0	298	87.0	8	3.0
Medicaid screening	19	0.9	15	79.0	1	5.0
AFDC	7	0.3	0	0.0	2	33.0
State General Assistance	23	1.1	5	22.0	10	43.0
Unemployment	5	0.2	0	0.0	0	0.0

* Percentages do not add to 100 nor numbers to 2078 as each service does not constitute a mutually exclusive category, i.e., a person may receive more than one service or none at all.

Table 38. Utilization of social services by persons over 60 and under 20 years in the Union City sample population*

Type of social service	Total users (n=1816)		Users over 60 years old		Users under 20 years old	
	No.	%	No.	%	No.	%
SSI	159	8.8	109	68.0	23	14.0
Medicaid	286	15.8	122	42.0	86	30.0
Food stamps	224	12.3	97	43.0	69	31.0
SSA	88	4.9	65	74.0	5	6.0
Medicare	141	7.8	108	76.0	13	10.0
Medicaid screening	0	0.0	0	0.0	0	0.0
AFDC	59	3.3	3	4.0	34	64.0
State General assistance	73	4.0	3	4.0	34	47.0
Unemployment	48	2.7	4	8.0	2	4.0

* Percentages do not add to 100 nor numbers to 1816 as each service does not constitute a mutually exclusive category, i.,e., a person may receive more than one service or none at all.

Table 39. Miami recipients of AFDC, total and Cuban, January 1980*

Recipients	Total recipients		Cuban Recipients	
	No.	%	No.	%
Family cases	13,848	100.0	3,118	100.0
Total individuals	40,766	100.0	7,767	100.0
Adults (over 21 years of age)	11,272	27.2	2,533	32.6
Children (under 21 years of age)	29,494	72.8	5,234	67.4

* Source: Obtained from telephone interviews with the State of Florida Health and Rehabilitative Services, Miami, Florida, 1980.

service. Most recipients spoke Spanish with service personnel. Of those women who did receive AFDC, five experienced red tape problems in receiving this service.

Medicaid

The Medicaid programs reimburse health providers for services offered to low income persons, State General Assistance recipients and former CRP-sponsored recipients who become eligible for SSI or AFDC. Of the respondents, 41 percent (n=107) were Medicaid recipients. Of these, 86 percent communicate with Medicaid staff in Spanish or, as in Union City, with the help of an interpreter. Nineteen percent of Miami's respondent complaints concerned language related problems while 52.7 percent in Union City were language related. In Miami, transportation problems accounted for 47.6 percent of all complaints on Medicaid service usage.

One half of the Medicaid recipients have incomes between $3,000-$6,000. Thirty-eight percent of the Miami respondents using Medicaid claim SSI as

their major source of income, as do 27 percent in Union City. Twenty-five percent in Union City claim their job as their primary income source. Food Stamps are high as secondary and tertiary sources of income for Medicaid recipients. These figures, along with a single recipient statistic for 50 percent of user households, indicate that many Medicaid respondents are still in the labor force. This finding could be explained by the high number of persons employed in part-time or temporary jobs in these samples.

Medicare

Medicare is a medical assistance reimbursement plan available to the totally disabled and to those over 65 years old who have worked in the U.S. labor force or have lived in the United States for five years and pay Medicare premiums.

In both cities combined, 32 percent of all respondents were formally referred to Medicare. In Miami, the Spanish media informed another 42 percent of respondents using this service. Nearly 85 percent of all respondents speak Spanish or use an interpreter in their contact with Medicare staff, but the service complaints for language problems in Union City far exceeded those in Miami, 61 to 28 percent. Another 28 percent of Miami's respondent complaints were transportation related, and in Union City 16.6 percent were red tape complaints.

Fifty-four percent of all Medicare users were in the $3,000-$6,000 household income bracket. Though most income brackets are represented, frequency drops off at $9,000 and rises again at $20,000. This could be explained by the large percentage of married or single elderly in the low income brackets who live alone and the single elderly at higher household income brackets who live in an extended family situation. Forty six percent of all users are respondents.

Forty-one percent of Medicare respondents in Miami claim SSA as their major income source while in Union City the primary source of income is more equally split between SSI (28 percent) and SSA (25 percent). Thus, some SSI recipients in Union City are also receiving Medicare, even though they are eligible for Medicaid without paying for that service. Twenty-five percent of respondents who use Medicare in both cities claim their jobs as a major income source. Food Stamps are of secondary and tertiary importance as an income source.

Medicaid Screening

Medicaid Screening provides medical services to families who are eligible for AFDC. The utilization of Medicaid Screening by the Miami sample (29 total cases) is 0.9 percent. This low frequency does not allow for service evaluation using crosstabulations as cell sizes are too small. Independent data from the CRP office in Miami reported 300 active family cases in January, 1980. No figures by individuals are available though most cases have 3 to 4 recipients. This, however, does not give an indication of the number of Cubans who receive Mediscreening independent of the CRP.

No Medicaid Screening was reported in Union City.

Social Security Assistance

Social Security Assistance provides financial assistance to disabled or retired individuals, and their dependents, who made contributions while employed in the United States. Since Social Security is primarily received by persons over 65, the new case load for Union City, 25.5 percent in the past year, may indicate a rising proportion of Cuban elderly there. Miami's population of Cubans over 65 years has always represented a large sector of the total Cuban population and is illustrated by the fact that 36 percent of them have received benefits for over 5 years.

In Union City, 30 percent of the respondents were informed of SSA through a formal agency referral and another 30 percent were informed by friends, while in Miami the Spanish media reached 38 percent. Over 70 percent of the respondents in both cities spoke Spanish at SSA offices. Nearly 33 percent (n=17) of all respondent users in Union City have some form of complaint, while 21 percent (n=23) of those in Miami had problems. Sixty-nine percent of Union City's complaints were language related compared to 30 percent in Miami. Red tape accounted for 26 percent of complaints in Miami with transportation problems at 16 percent.

Household incomes of respondents receiving SSA benefits are as high as $50,000 but 55 percent of all cases fall between $3,000-$7,000. Sixty-eight percent of respondent users in Miami claim SSA as their primary income source, compared to 48.9 percent in Union City. An additional 26 percent of the respondents in Miami and 40 percent in Union City give SSA as their secondary source of income. In Miami, SSI is also a secondary source at 27.6 percent. Food Stamps take precedence in both cities as a tertiary source of income at 50 percent. These figures indicate that most SSA users are retirees on limited funds. Fifty-five percent of all users are respondents.

Food Stamps

Food Stamps are issued to anyone showing sufficient need based on income. Most cases are referred formally through another agency; 47.8 percent of the cases in Miami and 30.2 percent of the cases in Union City are referred by the CRP.

Spanish is spoken with service personnel by 96 percent of Miami's respondent users and 75 percent of those in Union City, where often an

interpreter is required. Transportation is the major complaint from respondents in Miami at 44 percent, with language and red tape at 18.5 percent each. In Union City, respondents complain of language difficulties as 36 percent of their problems and red tape as 33 percent. Overall respondent satisfaction in Union City is comparatively lower than in Miami; 36 percent have complaints compared to 27 percent in Miami.

Food Stamp use begins to drop at household incomes greater than $6,000 and falls sharply at incomes greater than $9,000. Seventy-three percent of all users have household incomes from $3,000-$5,000. In Miami, the primary source of income for respondents receiving food stamps is divided among jobs and SSI at 32 percent each, and SSA at 22.8 percent. In Union City, SSI is the primary source of income at 33.8 percent, with other services such as jobs, AFDC, and General Assistance averaged at 13 percent each. An average of 70 percent of respondents claim food stamps as their tertiary source of income.

Unemployment Insurance

The following evaluation of unemployment data sampled in Miami has been supplemented with statistics supplied by the Miami Labor Management Office. The utilization frequency by respondents in Union City is large enough (n=24) for crosstabulation evaluation. The following calculations are based on sample figures only for the percent of the population participating in the labor force; 59 percent in Miami (n=1226) and 56.7 percent in Union City (n=1029). Thus, percentages do not coincide with unemployment data in Table 34 which are based on the entire sample population.

While there are only 5 cases (0.4 percent) receiving unemployment benefits in the Miami sample, statistics for January 1980 supplied by the Labor Management Office show 3738[2] (1.26 percent) Cuban recipients. In Union City, 4.6 percent (n=48) of the sample labor force receives unemployment benefits. The fact that the overall rate of use is low compared to unemployment figures (4.5 percent in Miami and 7.6 percent in Union City) indicate that some eligible persons may not be applying for this benefit.

Comparison with statistics from the Miami Labor Management Office shows that Miami Cubans are utilizing unemployment benefits nearly as much as nonHispanics (43.6 percent of all unemployment benefits in Miami go to Cubans, 3738 of 8570 recipients). The Labor Management Office attributes this to the large portion of seasonal, operative-type jobs held by Cubans which are covered by unemployment compensation insurance.

The frequency of unemployment benefit use is greatest at the $15,000-$25,000 household income bracket (64 percent) and at the 40-60 years age group (63.7 percent).

In Union City, 66.7 percent of sampled unemployment benefits recipients mentioned their job as a major income source. This is explained by the relatively short time (less than 6 months) benefits have been received by most users (n=28) in Union City. Only as a tertiary income source did unemployment benefits show significance, at 77.3 percent.

In Union City, 71 percent of the respondents were formally referred to the unemployment office from another service agency. Seventy-five percent of all respondent complaints are language-related.

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[2]This figure is based on unemployment statistics for all Hispanics in Miami supplied by the Labor Management Office. Since records are not kept for Cubans, it was calculated assuming Cubans represent 80 percent of the total for all Hispanics, (n=4398).

State General Assistance

State General Assistance provides immediate financial and Medicaid-related assistance to persons and families who are in financial need and not eligible under the guidelines of other assistance programs. In Miami, 1.1 percent (n=23) of the sample receives State General Assistance.

The following sample data from Miami is supplemented with figures supplied by the CRP. Table 40 shows that 35.6 percent of Cuban General Assistance cases in Miami (n=2622) are Cuban family units, with children compiling 26.5 percent of all users. This latter figure cannot be compared to Table 37 (43 percent) because Table 40 does not include Cuban recipients not sponsored by the CRP. Additional figures in Table 40 indicate that Miami Cubans receive 62 percent of all State General Assistance in Miami. In Union City, four percent of the sample receives State General Assistance. One-third of Union city's cases are new (under 6 months), and referrals come from friends or another service. In Union City, satisfaction is quite high; only 2 complaints were given out of 30 respondent cases.

Table 40. Number of Cuban recipients of State General Assistance sponsored by the Cuban Refuge Program, Miami, 1980*

Single cases	4,944
Family cases	2,622
Adults	5,357
Children	2,729
Total recipients	8,087

* Obtained from telephone interviews with the State of Florida Health and Rehabilitative Services, Miami, Florida, 1980.

Users are most common at the under 20 age group (43 percent, see Tables 37 and 38) and in households with income of less than $9,000 and between $15,000-$25,000, yet rarely by the respondent at upper incomes. In both cities, 40 percent of respondents use their GA benefits as primary income sources. SSI is also important as a primary income source in Miami at 21.5 percent, while in Union City jobs of other family members are significant (23 percent).

These figures indicate that State General Assistance recipients in the upper household income brackets are persons other than the respondant yet somewhat dependent on the respondent's income, as State General Assistance recipients are not eligible for other welfare benefits. In lower income brackets, recipients are respondent heads of households with dependent children.

Characteristics Affecting Social Services Usage: Profiles

The following profiles on sample service users are based on two observations. First, the relationship between demographic characteristics and the types of service utilized is best explained by the eligibility requirements of that service. Second, the comparison of service usage by age group gives an indication of who is using a particular service the most. Finally, profiles are different for Miami and Union City due to the difference in age structure. Union City has a larger Cuban population that is under 20 years. (See Tables 37 and 38).

The Under 20 Age Group

Individuals under twenty years of age, who make 32 percent of our Union City sample and 28 percent of Miami's, receive a wide range of benefits. Tables 37 and 38 shows them as significant recipients of AFDC,

State General Assistance, Medicaid and Food Stamps. In the Union City sample, however, children are more noticeable receivers of all these services, including SSI. This indicates that in Union City many more families with dependant children are recipients of social services, but it does not establish that the need is greater than in Miami as no records are kept for applications and subsequent rejections.

Even though, for all of these services, frequency of use by the under 20 age group in Miami is lower than in Union City (see Tables 37 and 38), relative to population composition, the overall use by Miami Cubans still warrants that programs take into consideration the needs and characteristics of Cuban families with dependant children.

AFDC statistics from the State of Florida Health and Rehabilitative Services Office in Miami (Table 39) show 67.4 percent of their Cuban recipients are children, but again this does not include those individuals not referred through the CRP. Additional information from that agency indicates that for all of Dade County Cuban children are receiving 17.7 percent of all AFDC funds going to children.

Cuban Women as Heads of Household

The working woman with children under 18 years old is faced with the dilema of being a financial provider while also responsibly caring for her children. If she is their sole supporter, which is the case for a growing number of women, her task is particularly hard. The findings in this study, as well as independent information indicate that a publicly supported child care system is greatly needed, especially by families concentrated in low income areas.

Our study shows that in Miami, of the 1-4 year old children who attend day care facilities, 63.6 percent attend private facilities. In a 1976 study by Calderin et al. conducted in Little Havana, a Cuban neighborhood in Miami where no public day care is available, 41 percent of surveyed households relied on private services, 10.9 percent on sitters, and 14.5 percent on a relative.[2] Thus for Miami, the need for public day care is established.

Government subsidized day care is an even more important issue for familes below the poverty level, which in low income target areas of Miami includes one quarter of all female-headed households. Based on the study by Calderin et al., 42.2 percent of Cuban women with children under age 12 are heads of households, meaning their income was the main or only income for their family.[3] The sample target areas, chosen because of inadequate or nonexistant day care facilities, contain 11,900 female-headed households with children under 18 years existing on incomes below the poverty level.

Most of these same women are eligible for AFDC. As discussed in the utilization section, half of all AFDC recipients rely on their benefits for a primary income source and 30 percent claim it as a secondary source. Only 28 percent claim the income from their job as a primary income source. Forty-two percent of all users receive food stamps. Finally, 30 percent of AFDC recipient mothers indicate lack of day care as their primary difficulty in obtaining that benefit. Sample figures show that at least 65 percent of all AFDC recipients do not have a second adult such as a grandparent residing in the home to help with finances or child care.

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[2]Calderin, L.,; Miranda, H.; and Turcios, A., "Child Care and the working Latin Woman", City of Miami office of Community Affairs, Miami, Florida, 1976.

[3] Ibid.

The Cuban Elderly

The data from the study indicates that a dichotomy exists within the Cuban population over 60 years of age between those who have participated in the U.S. labor force and those who have not. Based on social service utilization and eligibility requirements in both cities there are many Cubans over 60 years of age who have not held jobs in the United states. An equally important consideration is the relatively large (18 percent in Miami, 9 percent in Union City) and growing (13 percent in both cities are 50-60 years old) proportion of elderly in the Cuban sample population as a whole. Miami has a particularly large proportion of Cubans over 60 years of age. This makes the needs and problems of the elderly particularly important.

Those who have not been in the labor force are eligible to receive SSI, Medicaid, Medicare and Food Stamps. Those who have participated in the labor force are eligible for SSA, Medicare, Food Stamps and, in some cases, Medicaid. Tables 37 and 38 show that the over 60 year age group are significant users of all these services in both sample cities.

In Union City, the very high use of Medicaid (n=122) and SSI (n=109) shown in Table 38 (compared to SSA, n=65) for persons over 60 yeas of age indicates that a lower proportion have participated in the work force. In Miami, the difference in the utilization of SSI and SSA by those over 60 years old is less marked. Yet, a significant proportion (22 percent, see Table 37) of State General Assistance in Miami is received by the over 60 age group, adding to the numbers who have not participated in the U.S. labor force. Also, data supplied by the Miami Social Security Office on total utilization by all ethnic groups indicates that Cuban elderly constitute a higher percentage of SSI and Medicaid users than other ethnic groups in Miami.

The Unemployed

The number of unemployed in the Cuban sample in both cities exceeds the number of unemployment benefit recipients. Sixty-three percent of the unemployed workers in the sample drawing unemployment benefits are between 40 and 60 years old and have household incomes of over $15,000. Another one quarter of the sampled unemployed Cubans are between 20 and 40 years with household incomes averaging $9,000. Both age groups are receiving their proportion of entitled unemployment benefits.

Findings

1. Lack of sufficient child care facilities in Miami and Union City may be keeping Cuban mothers who receive AFDC from becoming employed and/or receiving employment-related services.

2. There are a large number of Cuban elderly who have not participated in the U.S. work force and thus are dependent on SSI, Medicaid, and Food Stamps. In Union City, 36.4 percent of all respondents receiving these services have complaints as compared to 24.0 percent in Miami. On the other hand, the more satisfied respondents were recipients of SSA and Medicare (those who have participated in the work force).

3. Language difficulties in social service usage were reported by respondents in both cities, but particularly in Union City.

4. Transportation is the major problem experienced by Miami respondents who utilize social services.

5. Compared to the overall unemployment rate for Dade County Cubans (4.5 percent) unemployment benefits are received by only 1.2 percent. Thus, many persons who may be eligible do not receive benefits.

6. At the present time, social service agencies do not keep statistics on Cubans. Only those services supplied through the Cuban Refugee Program, (AFDC, SSI, Medicaid, and State GA) maintain statistics but these statistics do not include Cuban recipients not referred by the CRP. By 1983 the CRP will have completed a phasedown program and there will no longer be a record keeping agency for Cubans.

7. For seven of the nine social services covered by the study, at least 50 percent (and usually more) of all recipients were residing in households with annual incomes under $6,000. Also, independent data showed Cubans to be a significant portion of service case loads as compared to other ethnic groups. These figures point out to the dependancy of low-income Cubans on social services.

Recommendations

1. In both cities, but particularly in Miami, there is a need to provide additional low-cost child care facilities with day and evening hours. They are especially needed in the Miami section of "Little Havana", and in the city of Hialeah.

2. Our data indicates that further study is needed to determine why a greater variety of service problems affect Cuban elderly who have not participated in the U.S. labor force.

3. Additional bilingual office staff are necessary in social service offices serving Cuban recipients. Bilingual personnel as well as printed and broadcast information in Spanish are particularly needed in Union City, especially for Food Stamps and SSI.

4. A well advertised "senior bus" service covering routes between key Cuban neighborhoods and key social service centers is needed, particularly in Miami.

5. Additional information should be obtained on the reason(s) why the Cuban unemployed in both Miami and Union City underutilize unemployment insurance benefits.

6. As the Cuban Refugee Program is being phased out, it is increasingly important that social service agencies, especially those in areas with large Cuban concentration, be required to identifiy the ethnic identity of their applicants and recipients to permit proper planning and evaluation of these services for that population.

7. The growing number of Cubans in social service caseloads underscores the need for further culturally-sensitive research on their problems.

CHAPTER VI

HEALTH SERVICES UTILIZATION: MIAMI AND UNION CITY

Findings on the need for and utilization of health services by the Cuban population are discussed in this chapter. First, a discussion of what appear to be two serious health problems in the Cuban community are presented. These health problems were identified from the review of literature and conversations with Miami-area health researchers. In the second section, results from the study concerning health care needs and utilization of services are discussed. The types of health care services investigated were:

1) health practitioner (i.e., physicians, psychologists, psychiatrists and dentists),

2) santero,

3) private clinic,

4) public clinic,

5) private hospital,

6) public hospital,

7) public immunization,

8) Early Periodic Screening and Diagnostic Testing (EPSDT), and

9) nursing home care.

The following aspects of the utilization of health services are explored, where possible: (1) frequency of utilization, source of knowledge and reason for use of services; (2) difficulties experienced while using the service; and (3) demographic characteristics of users (i.e., age, sex, language and household income).

Hypertension and Nonalcholic Cirrhosis in the Cuban Community

On the basis of conversations with Miami-area health researchers and review of literature, two health problems have been identified in Miami as cause for concern and need for further inquiry. These are hypertension and nonalcoholic cirrhosis.

A hypertension screening program sponsored by the American Heart Association and the Dade County School System in 1979 identified Hispanic male youths as having the highest percentage of hypertension of the three subgroups screened.[1] The program screened 12,399 10th grade students in 22 separate area high schools. Forty-four percent of the students were Anglo (nonHispanic white), 29 percent Hispanic, and 26 percent Black. Since Cubans constitute 80 percent of the Hispanic population in Dade county, it is estimated that a like proportion of the Hispanic students were of Cuban origin. These findings were especially surprising since Hispanic youth also had a low incidence of smoking and an average weight comparable to the other subgroups, in other words, a lack of risk factors that are commonly associated with hypertension. In light of these findings, perhaps further inquiry with respect to mental health, acculturation, drug use, and other suspected contributing factors is warranted.

The second health problem of concern in the Cuban community is non-alcoholic cirrhosis. Over the past 10 to 15 years, physicians from Miami have suspected an inordinately high rate of nonalcoholic cirrhosis in the Cuban community. In response to this concern, a two-year study

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[1]American Heart Association of Greater Miami, Inc., Progress Report--Hypertension Control in Dade County Public School System, Miami, Florida, 1979.

(1971-1972) of hospital records and biopses was conducted at Jackson Memorial hospital in Miami by Schiff.[2] During these two years, a total of 447 cirrhotic cases were diagnosed at the hospital, of whom 13.6 percent (n=61) were Cuban. Of these 61 Cuban cases, 54 percent (n=32), were found to have nonalcoholic cirrhosis. In comparison, only five percent (n=19) of the nonCuban patients were diagnosed as having nonalcoholic cirrhosis. Although Schiff's study made an effort to trace the cause of nonalcoholic cirrhosis among Cubans to Hepatitis B Surface Antigen, their results did not support the hypothesis, i.e., viral hepatitis could not be conclusively linked to nonalcoholic cirrhosis. As a consequence of these findings, further research is recommended to determine the cause.

Type of Health Services Utilized

The types of health services used by persons in Cuban households from Miami and Union City are illustrated in Table 41. A majority (57.2 percent) of the households in Miami, and almost nine of every 10 (88.6 percent) households in Union City, had used the private health practitioner as a source of medical care during the past year. When asked how they "first learned" about this type of service, four of every five households in both Miami and Union City indicated they had done so through a friend or relative.

Respondents were also asked to give their "reason" for using the private health practitioner. In Miami, the most common reasons given were "advice of friends or relatives" (47 percent) and "high quality of service available there" (21.4 percent). Union City respondents reported "the

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[2] E.R. Schiff, Chronic Liver Disease Among Cubans in the United States, University of Miami School of Medicine, Miami, Florida, 1973. (mimeograph)

specific type of service" (29.2 percent), advice of friends and relatives" (26.9 percent), and "high quality of the service available there" (12 percent) as the most frequent reasons for using the private health practitioner. The results from these data demonstrate that friends and relatives play an important role in the utilization of private health practitioners. In addition, concern for the quality of services used appears to be an important consideration.

One major difference between Miami and Union City households in their use of primary medical care services is the use of the private clinic. It seems that in Miami the primary medical care needs are met by two types of services: private health practitioner and private clinic, while in Union City they are met mostly by the private health practitioner. The difference may be largely attributed to the extensive network of health clinics in Miami that does not exist in Union City. There are more than 20 privately owned or operated health clinics in Dade County. Most of these clinics are located in Miami's Little Havana and in the city of Hialeah. This extensive network of health clinics provides a variety of outpatient and ambulatory services to over 218,000 Dade County Hispanics 80 percent of whom are Cubans.[3] The estimated Cuban membership of these clinics approximates the proportion of households in this survey (41.6 percent) who reported using the private clinic as a source of care. As was the case in the use of private health practitioners, four of every five persons using the private clinic "first learned" about it through a friend or relative. It was also found in this study that

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[3]Health Systems Agency of South Florida, Inc., Descriptive Study of the Cuban Health Care System, May 5, 1978, Miami, Florida.

37 percent of the respondents who indicated using the private clinics were 65 years or older. High utilization of clinics by this age group has also been reported by the Health Planning Council of South Florida.[4]

In sum, the private clinic appears to have a major role in the provision of services to Cubans in Miami. It is believed that the "health clinic network" is popular among Cubans because it provides services that are culturally sensitive to Cuban needs, e.g., emphasis on the family, use of the Spanish language, emphasis on preventive health care behavior, and low cost.

Table 41. Utilization of health services by Miami and Union City sample households*

Type of health service	Miami (n=669) No.	%	Union City (n=598) No.	%
Santero	8	1.2	7	1.2
Health practitioner	383	57.2	530	88.6
Private clinic	278	41.6	12	2.0
Private hospital	136	20.4	133	22.2
Public hospital	56	8.3	125	20.9
Public clinic	34	5.1	25	4.2
Public immunization	42	6.3	79	23.3
E.P.S.D.T.	3	0.4	19	3.2
Nursing home	7	1.0	4	0.7

* Household utilization frequencies were calculated on whether any one person from a household used an individual health service, i.e., the respondent or one other. Percentages do not add to 100 nor numbers to the total for each city because health services do not constitute mutually exclusive categories,

[4]Ibid.

Utilization of private clinics in Union City is minimal (two percent). However, this may be due largely to the absence of a health clinic network similar to Miami's. When asked if they would use this type of service if available, three-fourths of the Union City respondents answered "yes."

In contrast to the relatively high utilization rate of private clinics in Miami, a very small portion of the households (3.1 percent) reported using the public health clinic. A similarly small proportion (4.2 percent) of households in Union City reported using this type of service. Nevertheless, 89 percent of the respondents from Miami and 81 percent of those from Union City indicated they would use this type of service if needed. Most of the households who used the public clinics "first learned" about the clinic through a friend or relative (79 percent in Miami and 61 percent in Union City).

Another source of health care used relatively frequently by persons in households from both Miami and Union City was the private hospital. About one of every five households (20.4 percent in Miami and 22.2 percent in Union City) from either Miami or Union City had used the private hospital during the past year.

Miami respondents had different reasons for using the private hospital than those from Union City. Not unexpectedly, since most hospital admissions are on the advice of a physician, nearly half (49 percent) of the Miami respondents and more than one-third (37 percent) of those from Union City used the hospital because of advice from their doctors. In Miami, 10 percent of the respondent users gave "the type of service needed" as their first reason for using the hospital, compared to more than half (52 percent) of the Union City respondent users. Few respondents identified other factors such as cost, quality of service and loca-

tion. In Miami, persons who indicated "location" as a reason were mostly those over 60 years old.

Unlike the similar usage pattern of the private hospital in Miami and Union City, the utilization pattern of the public hospital was considerably different. Persons in households from Union City used the public hospital two and one-half times (20.9 percent) as frequently as those from Miami. (8.3 percent). One probable explanation for this difference may be the lack of private clinics in Union City. This places the burden of primary care services on the private health practitioner, as has been indicated previously, i.e., 88.6 percent of the households in Union City used the private health practitioner, as compared to 57.2 percent from Miami. Thus, it may well be that physicians make a higher rate of referrals for services to the public hospital. This speculation is somewhat supported by the finding that of the Union City respondents who used the public hospital, 51 percent were referred by the physician. In contrast, only 13 percent of the Miami users were referred by the physician.

A fourth apparent difference in the utilization of health services between Miami and Union City was public immunizations. Union City households reported using public immunization services twice as frequently as households in Miami (13 percent in Union City and 6.3 percent in Miami). It is speculated that this difference may be due to greater enforcement of immunization policies in the Union City schools than those in Miami. Without further research, however, this is not conclusive.

Almost three-fourths (73 percent) of the respondents from Miami "first learned" about the services from friends and relatives, compared to one-fifth (20 percent) of the respondents from Union City. The most frequent source of knowledge about the immunization program from Union

City respondents were referrals, both formal and informal. Sixty percent of the Union City respondents used the referral network as opposed to 7.3 percent of the respondents from Miami.

When asked about the reason for using the immunization program, Miami respondents again gave "advice of friends and relatives" as the most frequent reason (70 percent). This compared to only 13 percent of the Union City respondents.

The utilization results for the Early Periodic Screening Diagnostic Testing (EPSDT) seems to indicate that the program may be underutilized in Union City, especially when compared to the proportion of Medicaid recipients in that city. Only 19 households (3.2 percent) were using the program in Union City compared to three households (.4 percent) in Miami. Since this service is available to all Medicaid eligible children under 21 years old, the utilization may be low. Only three of the six children receiving Medicaid in Miami and 19 of the 86 in Union City actually used the EPSDT.

One atypical source of health care used by a very small portion of households from Miami and Union City is the santero.[5] While only 1.2 percent of the households in both cities reported using this type of service, it is suspected that belief in santeria is actually more widespread. For example, 7.1 percent of the Miami respondents and 23.5 percent of the Union City respondents indicated they would use the service if needed. Due to the cultural sensitivity of this type of questioning, it may be that there is some degree of underreporting. In any case, the in-

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[5]Santero is a person who practices an Afro-Cuban religion which purports to cure through supernatural powers. See M.C. Sandoval, Afro-Cuban Concept of Disease and Its Treatment in Miami, Miami, Florida, 1976 (mimeograph).

frequent use of the "santero" by this population is worth noting within the the context of the widely held notion in the literature that all Hispanics have a "santero" "just around the corner."

Of all the health services investigated for utilization, the nursing home was used the least. Considering the proportion of Cuban persons age 65 and over in both sample populations (12.8 percent in Miami and 8.5 percent in Union City) a slightly higher proportion of users would be expected. However, in light of the social support role of the Cuban kinship system for meeting the needs of the Cuban elderly, these findings were not surprising. These findings suggest, however, that this population may well have a greater need for home care and elderly social service programs than nursing home care.

Utilization of Health Services by Household Income

The patterns of utilization were also found to vary by level of household income. These patterns are illustrated in Table 42 for Miami and Table 43 for Union City. Households from Miami adhered for the most part, to the expected relationship between income and type of service, e.g., private health services were used more frequently by households whose income was $15,000 or more, while public health services were used the most by households with incomes of less than $6,000. Almost one of every two households who used the private practitioner (46.7 percent), and more than one of every three households who used the private clinic (35.6 percent) and the private hospital (39.5 percent), were in the $15,000 or more income category. On the other hand, a majority of households who used the public clinic (59.4 percent), and more than one of every three households who used the public hospital (38.1 percent) and public immunization (34.2 percent) had incomes of less than $6,000. Also worthy of noting is the relatively

large proportion of households in the less than $6,000 category that were receiving services from the private sector: private practitioner, 19.2 percent; private clinic, 23 percent; and private hospital, 26.6 percent. One explanation for this level of utilization may be that a number of these households are receiving Medicaid/Medicare benefits.

Unlike the utilization patterns demonstrated for Miami, the ones for Union City were " nonconforming" to expected income-service relationships. This difference in utilization patterns may be largely explained by the different organization of health delivery services in the two cities. As stated earlier in this discussion, Miami has an elaborate network of private health clinics that helps to meet the primary medical care needs.

Table 42. Utilization of health services by Miami sample households, according to household income

Income categories	Health practitioner (n=354) %	Private clinic (n=261) %	Private hospital (n=124) %	Public hospital (n=55) %	Public clinic (n=32) %	Public immunization (n=41) %
All categories	100.0	100.0	100.0	100.0	100.0	100.0
less than $6,000	19.2	23.0	26.6	38.1	59.4	34.2
$6,000-$9,999	13.2	16.5	12.8	18.2	9.3	9.7
$10,000-$14,999	20.9	24.9	21.1	20.0	13.7	29.3
$15,000 or more	46.7	35.6	39.5	23.7	15.6	26.8

* E.P.S.D.T., nursing home care, and santero were excluded from the table because of small frequencies which do not permit analysis by income.

In general, Union city households in the higher income categories ($10,000 and above) use the services of private providers more than households with lower incomes. The private hospital in Union City, in comparison to that of Miami, is being utilized more by households whose income is $10,000 or more. One unexpected finding was the considerably larger proportion of Union City households in the $15,000 or more category who were using the services of the public sector: public hospital, 38.9 percent; public clinic, 26.2 percent; and public immunization, 60.5 percent.

Table 43. Utilization of health services by Union City sample households, according to household income

Income categories	Health practitioner (n=514) %	Private clinic (n=12) %	Private hospital (n=129) %	Public hospital (n=121) %	Public clinic (n=23) %	Public immunization (n=76) %
All categories	100.0	100.0	100.0	100.0	100.0	100.0
less than $6,000	23.2	33.4	17.2	25.6	21.7	9.2
$6,000 $9,999	13.4	0.0	10.9	14.0	17.4	13.1
$10,000- $14,999	23.3	16.6	27.7	21.5	34.7	17.1
$15,000 or more	40.1	50.0	44.2	38.9	26.2	60.5

* E.P.S.D.T., nursing home care, and santero were excluded from the table because of small frequencies which do not permit analysis by income.

Difficulties Reported in the Utilization of Health Services

In an attempt to determine type and degree of barriers to health care needs, the study team also asked respondents who had used health services: "Did you have any difficulty in getting the help you wanted?" The major difficulties reported by the Miami respondents are illustrated in Table 44. Based on these data, several patterns of difficulties are apparent. One is that the degree of difficulties reported is generally higher for health services provided by the public institutions as opposed to the private. Nearly one of every two users of the public hospital (53.8 percent) and the public clinic (44.4 percent), and almost one of every three public immunization users (30.3 percent) reported at least one or more types of difficulties. A second pattern is the difficulty with transportation frequently expressed by users of all three kinds of public services. In addition, persons who used the public immunization service reported "location of facility" as a difficulty. It is possible that the difficulties of "location of facility" and "transportation" encountered by the public immunization users were interrelated, i.e., the facilities were not conveniently accessible to the users. As for users of the public hospital, the most frequent difficulty reported was language (28.6 percent). For those who used the public clinic, the most frequent difficulty reported was "red tape" (33.3 percent).

A third pattern apparent from these data is in regards to the users of private services, i.e., the private practitioner, clinic, and hospital. Although the frequency of difficulties reported are what "might" be "normally" expected from a sample of this size, the concern for "cost of service" by users of all these three kinds of services warrants attention, particularly in regards to the private health practitioner. More than

Table 44. Utilization of health services and difficulties experienced by Miami respondents*

Type of health service	Utilization (n=669)		Percent reporting difficulties	Major difficulties identified	Percent of all complainants reporting each major difficulty
	No.	%			
Santero	8	1.2	0.0	---	0.0
Health practitioner	290	43.3	20.0	cost of service	55.2
				language	8.6
Private clinic	238	35.5	24.8	inconvenient hours	22.0
				cost	18.6
				red tape	8.5
Private hospital	68	10.2	26.5	language	33.3
				cost of service	22.2
Public hospital	39	5.8	53.8	language	28.6
				time lag	19.0
				transportation	19.0
Public clinic	27	4.0	44.4	red tape	33.3
				transportation	25.0
Public immunization	33	4.9	30.3	location of facility	50.0
				transportation	30.0
E.P.S.D.T.	2	0.3	0.0	---	0.0
Nursing home	5	0.7	20.0	poor quality of service	100.0

* Percentages do not add to 100 nor numbers to ther respective totals as health services do not constitute mutually exclusive categories, i.e., a person may use more than one service or none at all. Also, only major difficulties were reported.

one of every two persons (55.2 percent) who expressed having some difficulty with the private health practitioner was concerned with the "cost of service." Even though the concern with costs by users of the private clinic were considerably less (18.6 percent) than for the users of the private health practitioner, it appears to be so at the "expense" of something else, that is, inconvenient hours. Of all the health services used by Miami respondents, the private clinic was the only one identified as having inconvenient hours of operation.

A fourth and final pattern evident from these data is the proportion of persons who used hospital services (either public or private) who experienced difficulties with language. While language was mentioned as a problem by the users of the private health practitioner, the proportion (8.6 percent) was considerably less than that of the hospital users. One of every three (33.3 percent) Miami respondents who experienced difficulties in using the private hospital and almost the same proportion of those who experienced difficulties using the public hospital (28.6 percent) expressed difficulties with language. It seems that the hospitals are not as accomodating to the bilingual needs of their patients as the other types of health providers.

Due to the small number of cases in some of the health service categories for the Union City sample, only three of the nine services shown in Table 45 are discussed: private health practitioner, and private and public hospitals.

As a whole, respondents from Miami seem to have experienced difficulties in using health care services more frequently than respondents from Union City. Nevertheless, persons from Union City still reported some difficulties worth noting. For example, one of every three persons

Table 45. Utilization of health services and difficulties experienced by Union City respondents*

Type of health service	Utilization (n=598)		Percent reporting difficulties	Major difficulties identified	Percent of all complainants reporting each major difficulty
	No.	%			
Santero	6	1.0	0.0	---	0.0
Health practitioner	417	69.8	9.4	language	30.8
				location	23.1
				transportation	17.9
Private clinic	9	1.5	22.2	unpleasant physical env.	50.0
				language	50.0
Private hospital	90	15.1	21.1	language	57.9
				poor quality of service	21.1
				cost	10.5
Public hospital	64	10.7	32.8	language	66.6
				red tape	14.3
				location	14.3
Public clinic	17	2.8	11.7	language	50.0
				unpleasant physical env.	50.0
Public immunization	6	1.0	33.3	language	50.0
E.P.S.D.T.	7	1.2.	14.3	language	100.0
Nursing home	1	0.2	0.0	---	0.0

* Percentages do not add to 100 nor numbers to their respective totals as health services do not constitute mutually exclusive categories, i.e., a person may use more than one service or none at all. Also, only major difficulties were reported.

(32.8 percent) who used the public hospital experienced some type of difficulty. Of these, the most frequent difficulty reported was language. In fact, language was also the leading difficulty reported by users of the private hospital and, to a lesser degree, the private health practitioner. It seems that, in general, language was a more frequent difficulty for Union City respondents than for Miami's. However, one similarity between the two cities that should be highlighted is the frequent problem of language in all of the hospitals.

Respondents from the two cities differed considerably in the types of difficulties expressed about the private health practitioner. In spite of the much greater usage of the private practitioner by Union City respondents than those from Miami, the proportions of reported difficulties were one-half as frequent as those from Miami. Apparently, Union City respondents were more satisfied with the services of private practitioners than were the respondents from Miami. However, the nature of difficulties was quite different for the two cities. While respondents from Miami were concerned largely with the "cost of services" and to some extent with language problems, a few Union City respondents were concerned mainly with language and transportation-related barriers.

One other result worthy of note is that none of the persons from either city who used the santero reported any difficulties. In light of the strong ties of this kind of service to the culture of the respondents, these results were not surprising. The santero is usually a Cuban who lives in the Cuban community and speaks Spanish. Thus, it was not surprising that there were not difficulties mentioned by santero users such as those mentioned for the other kinds of services. One other possible explanation to this phenomena is that possibly the religious

beliefs about santeria are so strong that no one would think of critizing this kind of service.

Further understanding of the language difficulties being experienced by this population is gained by examining the results displayed in Table 46. These results were in response to the question: "In what language do you communicate with the staff at this facility?" More than four-fifths of the persons who used the private health practioner in Miami (88 percent) and Union City (87 percent) communicated in Spanish only, thus accounting for the relatively low number of persons reporting difficulties with language while using this service. Also, in Miami 94 percent of the persons who used the private clinic and 82 percent of those who used the public clinic communicated in Spanish only, explaining why there were no language difficulties reported in using these kinds of services.

The patterns of language usage in the hospital settings were considerably different from those discussed above, i.e., the private health practitioner and private and public clinics. In this case, only about one-third of the hospital users from both cities (one-half in the case of Union City public hospitals) used Spanish only. This may help to explain why the leading difficulty expressed by hospital users from either city was language.

Due to the small number of cases in the other cells, they are not discussed. In sum, however, it seems that the hospitals are not adequately providing for the bilingual needs of their patients.

Table 46. Utilization of health services by Miami and Union city respondents, according to language spoken in utilizing the service

Type of health service	Utilization[a]		Only Spanish[a]		Only English[a]		Language median[b]	
	Miami (n=669)	Union City (n=598)	Miami	Union City	Miami	Union City	Miami	Union City
	No.	No.	%	%	%	%		
Bantero	2	6	100.0	67.0	0.0	0.0	1.00	1.3
Health practitioner	290	417	88.0	87.0	4.0	8.0	1.10	1.1
Private clinic	238	9	94.0	40.0	2.0	10.0	1.0	2.5
Private hospital	68	90	33.0	34.0	16.0	35.0	2.7	3.0
Public hospital	39	64	37.0	54.0	28.0	26.0	2.8	1.4
Public clinic	27	17	82.0	50.0	3.0	39.0	1.11	2.00
Public Immunization	33	6	23.0	47.0	39.0	29.0	4.1	1.8
E.P.S.D.T.	2	7	100.0	57.0	0.0	33.0	1.0	2.0
Nursing home	5	0	50.0	0.0	0.0	0.0	2.5	0.00

a Percentages do not add to 100 nor numbers to their respective totals because health services do not constitute mutually exclusive categories. The following categories have been omitted due to small frequencies: mostly Spanish-some English, equally Spanish and English, and mostly English and some Spanish.

b The median is a measure of central tendency for language spoken by all respondent users of the particular service: (1.0) indicates only Spanish, (3.0) indicates equal Spanish and English, (5.0) indicates only English.

Findings

1. The prevalence of hypertension among Cuban male youth in the Dade County School System and nonalchoholic liver cirrhosis of Cubans in the Miami area are believed to be relatively high for the population. In addition, the usual causes attributed to these health problems do not explain them.

2. The most frequent sources of health care used by Cubans in Miami were the private health practitioner and the health clinic. Cubans from Union City used the private health practitioner the most.

3. Health clinics are popular among Cubans in Miami because they provide services that are culturally sensitive, e.g., emphasis on the family, use of the Spanish language, emphasis on preventive health care behavior, and because of low cost.

4. Cubans in Union City used the public hospital two and one-half times as frequently as those from Miami.

5. Of all the types of health services, the nursing home was used the least.

6. Public immunization services were used more frequently in Union City than in Miami. However, these services did not appear to be reaching the low income persons.

7. The majority of Cubans from either city did not use the santero as a primary health provider; yet, most indicated that they would use it if necessary.

8. The majority of respondents indicated they used most health services through the advice of friends and relatives, and informal referrals.

9. Respondents from Miami who used the private health practitioner expressed concern with the cost of services and to some extent with language barriers. Those from Union City were mostly concerned with language and transportation - related barriers.

10. Language barriers were a commonly expressed problem in almost all types of services in either of the two cities.

Recommendations

1. Health providers in the Cuban community should be made aware of the prevalence of hypertension and nonalcoholic cirrhosis problems in the Cuban population. Both the American Heart Association and the School of Medicine at the University of Miami should actively seek research funds for assessing the seriousness of these health problems in the Cuban community.

2. The low utilization of nursing homes by Cuban elderly warrants an inquiry about the need for homecare type of services.

3. Health service providers who serve a significant Cuban population should implement measures for eliminating language barriers, e.g., employing bilingual personnel and providing reading materials in Spanish.

4. Health service providers, city governments, and local Cuban organizations should develop a plan for assessing the extent of transportation barriers in the community and developing recommendations for resolving the problems.

5. Community-based organizations and health providers of public immunization services should coordinate outreach efforts for promoting these services among low-income Cubans.

6. Greater coordination is necessary between public health services and potential referral agencies. This may help to increase the use of more affordable public health services by Cubans currently facing difficulties with the cost of services.

CHAPTER VII

THE PURPOSIVE SAMPLES OF NEW YORK, CHICAGO AND LOS ANGELES

In this section we present the findings on social and demographic characteristics, health, education and welfare from the purposive samples gathered in New York, Chicago and Los Angeles. These three cities were known to have sizeable Cuban populations relative to all Cubans in the United States; however, given the relatively low density and geographic dispersion of the Cuban population in these cities, randomly drawn, representative samples were not feasible. Purposive samples were gathered introducing a degree of unknown bias which prohibits us from making generalizations to all Cubans living in these areas. Nevertheless, the samples are large enough (n=100 per city) so that they tell us something about the characteristics and problems encountered by these particular Cubans.

Social and Demographic Characteristics

In each of the three cities, New York, Chicago and Los Angeles, respondents in approximately 100 households were selected for interviews. This section begins with a brief description of the salient social and demographic characteristics of individual Cubans in these cities. Table 47, presents summary statistics of various characteristics of the samples.

On the average, the median size of the households in our samples is slightly smaller than the median household size of 3.4 pesons in either Miami or Union City. Chicago had the smallest median household with only 2.67 persons. Slight differences among the purposive samples were found with respect to the median age of their population. The median age in both the New York and Los Angeles samples was 41.6 years while in Chicago it was 40.7 years as compared to 39 years in both Miami and Union City.

Table 47. Selected social and demographic characteristics of the New York, Chicago and Los Angeles sample populations

Characteristic	City		
	New York	Chicago	Los Angeles
Number of households in the samples	n=100	n=100	n=100
Number of individuals in the samples	n=255	n=220	n=253
Median household size (persons)	3.1	2.67	2.96
Median age of persons in sample (years)	41.6	40.7	41.6
Percent of males and females			
Males	39.2	36.8	44.3
Females	60.8	63.2	55.7
Sex ratio*	64.4	58.2	79.5
Country of birth (percent)			
Cuba	79.6	84.1	81.8
United States	14.1	11.8	13.0
Other	6.3	4.1	5.1
U.S. legal status (percent)			
Refugee/Parolee	10.2	19.5	10.7
Resident	39.6	39.0	58.1
Citizen	50.2	40.5	30.4
Length of residency in U.S. (years)	11-15	6-10	11-15
Percent of household that speak predominantly Spanish at home	89	96	94
Median household income (annual)	$10,000	$8,000	$9,000

* Sex ratio is defined as the number of males for every 100 females.

More striking differences across the three cities are found in the sex composition of the samples. In all three samples, females far outnumber

males as indicated by the sex ratio. Los Angeles had the highest proportion of men (sex ratio equals 79.5) and Chicago had the smallest sex ratio (58.2). The three purposive samples were much more heavily weighted with females than the Miami and Union City samples which had sex ratios of 90.8 and 89.4, respectively (see Table 4).

With respect to country of origin, the three samples do not show differences in the proportion of persons born in Cuba and the United States. The proportion of persons born in Cuba is about 80% (see Table 47), which is the same proportion found in Miami and Union City, (see Table 1).

As in Miami and Union City where over 90% of the households speak predominantly Spanish in the home, the New York, Chicago and Los Angeles samples, though showing some variation (89%, 96%, 94%), for the most part also used Spanish as the predominant language in the home.

Finally, the purposive samples differ strikingly among themselves and from the Miami and Union City samples in median household income. From Table 47 we see that the New York sample rate had the highest median household income ($10,000), followed by Los Angeles ($9,000), and Chicago ($8,000). These median household incomes differ drastically from those in Miami and Union City which were $12,506 and $12,948 respectively (see Table 16).

Employment Status and Occupation

The New York, Chicago and Los Angeles samples were overall quite different from each other with respect to the labor force experience of its members. Table 48, presents the summary statistics for the three purposive samples.

Table 48. Selected employment and occupational characteristics of the New York, Chicago and Los Angeles sample populations

Characteristic	City		
	New York (n=223) %	Chicago (n=192) %	Los Angeles (n=220) %
Percent of the sample not in the labor force*	53	55	59
Percent of sample in the labor force	47	45	41
Total	100	100	100
Employed full-time	88	66	77
Employed part-time	6	17	14
Unemployed	6	17	9
Occupational Distribution			
Total	100	100	100
Professional	13	12	22
Manager/administration	9	4	2
Sales	2	1	4
Clerical	31	24	21
Crafts-kindred	7	5	9
Laborer	3	4	—
Operator	13	32	27
Service workers	22	18	16
Median individual income	$7000	$4000	$5000

* Does not include persons under 14 years of age.

All three samples show relatively low but similar labor force participation rates for the population. In all cases, less than half of the population over 14 years of age consider themselves to be in the labor market. This is very different from the Miami and Union City samples where almost sixty percent of the population age 14 and over participate in the labor force (see Table 20).

Individuals in the Chicago and Los Angeles samples were more than twice as likely to be working in part-time jobs (17 and 14 respectively) as compared to the New York sample (6%). Also, unemployment was higher in the Chicago (17%) and Los Angeles (9%) samples as compared to the New York sample (6%). The Miami and Union City unemployment rates were 4.5% and 7.6% respectively (see Table 20).

The occupational distribution for employed persons in the three cities differs by city. These large fluctuations across cities is undoubtedly due to bias introduced by the purposive selection.

In all three samples approximately half of the workers of the workers are in blue-collar jobs. Next, clerical positions account for another large proportion of jobs for members in all three samples: New York has the highest proportion of clericals (31%), followed by Chicago (24%), and Los Angeles (21%). The patterns of occupational structure for the three samples show no overall similarity to the occupational distribution of either Miami or Union City (see Table 18).

Finally, the three samples differed with respect to individual median income. The New York sample had the highest median individual income ($7,000), followed by Los Angeles ($5,000), and Chicago ($4,000).

Summary

The samples gathered in New York, Chicago and Los Angeles were quite different from both the Miami and Union City samples. Small differences between the purposive and random samples were found in median household size size (purposive sample households were smaller) and in median age of the sample members (purposive sample persons were somewhat older).

The purposive samples were strikingly different from the Miami and Union City samples with respect to the sex composition of the sample. In this case, the samples from the three cities were overrepresented with females.

Given the high proportion of women in the purposive samples, it was not surprising to find lower median household incomes. All three cities had lower median incomes than either Miami and Union City. Chicago, which had the highest proportion of females in the sample, had the lowest median household and individual incomes and the highest level of unemployment of the three cities.

Education

As with the preceding section, it is important to keep in mind that the discussion presented here pertains only to the samples gathered in New York, Chicago and Los Angeles and is not intended to be an accurate representation of the Cuban population in these three cities. Nevertheless, having so large a number of cases (n =100) as we do, presentation of the results is warranted.

In this section findings from the purposive samples in New York, Chicago and Los Angeles are related to:

1) educational attainment in the United States and Cuba,

2) current school enrollment,

3) public and private school enrollment,

4) use of bilingual educational programs, and

5) financial aid.

Educational Attainment in the United States and Cuba

For every person in the household, the survey obtained the last grade completed in U.S. schools and, similarly, the last grade completed in Cuba. The results for highest grade completed in the United States and Cuba are presented in Tables 49 and 50, respectively.

In all three cities, an equal proportion of persons in each sample population, slightly more than one in three, attended school in the United States. There was some variation across the samples in the percent of persons who graduated high school and those who had attended at least some college; however, high school graduates and those who had some college combined accounted for approximately 34% to 37% of all persons who attended U.S. schools. Perhaps a better measure is the median years of schooling for each sample. We find that the median number of years of schooling is

quite similar, with New York at 10.3 years, Chicago at 10.4 years, and Los Angeles at 9.7 years. In other words, for each sample, one-half of the persons who attended U.S. schools completed less than two years of high school while the other half completed at least two or more years of high school.

The number of persons in each sample who obtained schooling in Cuba is much higher than the number of persons in each sample who attended schools in the United States. This is due to the fact that many Cubans who attended schools in the United States had previously attended schools in Cuba. In each city, New York, Chicago and Los Angeles, approximately three-fourths of the persons in each sample had obtained at least some

Table 49. Last school grade completed by persons in the sample populations of New York, Chicago and Los Angeles who attend or have attended school in the U.S.

Last school grade completed in the United States	City		
	New York (n=98) %	Chicago (n=77) %	Los Angeles (n=98) %
Percent of sample who ever attended school in U.S.	38.4	35.0	38.7
Total	100.0	100.0	100.0
8th grade or less	30.6	29.9	30.6
Some high school (9-11 yrs.)	20.4	20.8	26.5
High school graduate	21.4	13.0	10.2
Some college (13-15 yrs.)	13.3	23.4	27.7
College graduate or above	14.3	13.0	5.0
Median years of schooling	10.3	10.4	9.7

schooling in Cuba. About 50% of persons who attended school in Cuba in the New York and Los Angeles samples, and a slightly higher percentage (60%) in Chicago, completed an eighth grade education. In addition, approximately 25% of persons who attended schools in Cuba finished high school or some college. This is slightly less than the one-third of the persons educated in the United States who finish high school and some college. Not unlike the case for U.S. educated Cubans, the median years of schooling for those who attended school in Cuba was 10.6 years for the New York sample, 8.0 years for those in the Chicago group, and 9.9 years for the Los Angeles group. In short, the median educational level for New York and Los Angeles is some high school, while an eighth grade education is the median for the Chicago sample.

Table 30. Last school grade completed in Cuba by persons in the sample populations of New York, Chicago and Los Angeles who attended school in Cuba

Last school grade completed in Cuba	City		
	New York (n=188) %	Chicago (n=171) %	Los Angeles (n=194) %
Percent of sample who ever attended school in Cuba	73.7	77.7	76.6
Total	100.0	100.0	100.0
8th grade or less	49.5	60.2	52.1
Some high school (9-11 yrs.)	12.3	8.8	5.2
High school graduate	14.9	15.8	17.5
Some college (13-15 yrs.)	10.6	9.9	10.8
College graduate or above	12.7	5.3	14.4
Median years of schooling	10.6	8.0	9.9

Current School Enrollment

The Chicago sample has the highest percentage of its population currently enrolled in an educational program with 32.6%, followed by Los Angeles with 28.8% and New York with 26.7% (see Table 51). These proportions are approximately the same as those of the Miami and Union City samples (see page 76).

Table 51. Enrollment in all types of educational institutions for the New York, Chicago and Los Angeles sample populations

Enrollment status	City		
	New York (n=253) %	Chicago (n=218) %	Los Angeles (n=250) %
Total	100.0	100.0	100.0
Percent of sample not enrolled in any program	73.1	67.4	71.1
Percent of sample enrolled in a program	26.9	32.6	28.9
Type of program			
Total	100.0	100.0	100.0
Elementary or high school	72.0	66.2	75.1
Vocational, technical or certificate program	3.0	—	6.9
College or university	25.0	29.6	16.7
Other	—	4.2	1.3

Most of the students are enrolled in elementary or high school programs (almost three in four). Chicago has the highest proportion of persons enrolled in college (29.6%); the smallest proportion was in Los Angeles

(16.7%) with New York somewhere in the middle (25.1%). All three samples had a higher percentage of persons enrolled in college than either Miami (15%) or Union City (12.7%).

Public and Private School Enrollment

Interestingly, there were large fluctuations in the percentage of persons attending public and private institutions across the three cities. Los Angeles had almost 90% of the students in its sample enrolled in public schools while New York City had only 52.2% currently attending public schools. The Chicago sample had two-thirds of its students in public schools. We were not able to explain why these large variations exist across the samples (see Table 52).

Table 52. Public and private school enrollment of persons in the New York, Chicago and Los Angeles samples who currently attend school in the United States

School enrollment	City		
	New York (n=67) %	Chicago (n=69) %	Los Angeles (n=71) %
Total	100.0	100.0	100.0
Public	52.2	66.7	88.7
Private	47.8	33.3	11.3

Enrollment in Bilingual Programs

Of all those persons currently attending school, the New York sample has the smallest percentage enrolled in a bilingual program with 8.1%. This is similar to the 6.6% enrolled in bilingual programs in Union City. At the other extreme, the Chicago sample has the largest proportion of its

sample population enrolled in bilingual programs with almost 1 in 4 students enrolled. This number is similar to the 27% of persons enrolled in bilingual programs in Miami. The Los Angeles sample had 13.2% of those attending school enrolled in a bilingual program (see Table 53).

Table 53. Bilingual program enrollment of persons in the New York, Chicago and Los Angeles samples who currently attend school in the United States

Enrollment Status	City		
	New York (n=67) %	Chicago (n=69) %	Los Angeles (n=71) %
Total	100.0	100.0	100.0
Enrolled	8.1	23.5	13.2
Not enrolled	91.9	67.6	81.6
Not sure	—	8.9	5.3

Financial Aid

Very few of the students in the three city samples are receiving financial aid. As can been seen from Table 54, the Los Angeles sample had the lowest number of students receiving any form of financial aid. For students in all three samples, the most common source of financial aid was government grants which are usually given to help low income students pay their college costs.

Table 54. Source of financial aid received by persons in the New York, Chicago and Los Angeles sample populations enrolled in any type of educational institution

Type of Financial Aid	City		
	New York (n=66) %	Chicago (n=68) %	Los Angeles (n=66) %
Total	100.0	100.0	100.0
No financial aid is received	80.4	72.0	89.5
Grant-government source	12.1	14.7	4.5
Grant-private source	1.5	---	---
Loan-government source	1.5	1.5	---
Loan-private source	---	---	---
Scholarship-government source	3.0	5.9	1.5
Scholarship-private source	1.5	4.4	3.0
Work Study-government source	---	---	---
Work study-private source	---	1.5	1.5

Findings

1. While one-third of the sample in the purposive sample cities attended school in the United States, 75% had some schooling in Cuba. For each sample, one-half of the persons who attended U.S. schools completed less than two years of high school while another 50% completed at least two or more years of high school. As for those educated in Cuba, the median educational level for New York and Los Angeles is at least some high school, and eighth grade for the Chicago sample.

2. Most sampled students in Los Angeles are enrolled in public schools (90%) while the percentage of public school enrollment decreases for Chicago (67%) and is slightly over half for New York City (52%).

3. All three samples had a higher percentage of persons enrolled in college than Miami and Union City, with Chicago having the highest at almost 30%.

4. Of the three cities Chicago has the highest proportion of students enrolled in a bilingual program (25%), and New York, the lowest (8.7%).

5. Very few students in the purposive sample are receiving financial aid, especially those from Los Angeles.

Recommendations

1. The high levels of educational achievement in all three cities, especially Chicago, contrast with the equally high unemployment levels and low household income shown above for the purposive sample. This contrast deserves further investigation.

2. Further research is also recommended to determine why the enrollment in private educational institutions among low and moderate income Cubans in Chicago and New York is so high and particularly whether the choice of private schools is related to a real or perceived barrier in their use of public education.

3. Further study is necessary to determine the reason for the low utilization of financial assistance by purposive sample students who come from low and moderate income households.

Social Services Utilization

Findings concerned with the utilization of social services by Cuban households from New York, Chicago and Los Angeles are discussed in this section. As mentioned in the beginning of this chapter, these findings are based on small purposive samples which limit making generalizations to the Cuban populations in these three cities. In addition, it was not possible to do an analysis similar to the one done for Miami and Union City because of the small number of cases in some of the calls. In spite of these limitations, some idea of the types of problems facing this population can be derived.

The types of services used by households in these three cities are illustrated in Table 55. With two exceptions, Medicaid screening and unemployment benefits (services with typically low utilization), there were no relatively consistent or similar service usage patterns among all three cities. In some cases, as in the use of AFDC, Medicaid and Food Stamps, the disparities among the three cities were considerable. For example, about seven times as many persons from Los Angeles (10%) were receiving AFDC than persons from Chicago (1.4%). In comparison to New York (5.9%), there were more than one and a half times as many persons in Los Angeles receiving AFDC. Regarding Medicaid, nearly one-half (44%) of the persons from Los Angeles were receiving it, about one-third (31.3%) from New York, and almost one-fifth (19.2%) from Chicago. Three times as many persons from Chicago (30.0%), and about as many from New York (26.6%), than from Los Angeles (10.8%) were using Food Stamps. It is suspected that these widely varied utilization rates among the three cities may be due more to organizational aspects about the delivery of services than the characteristics of the recipients, e.g., outreach efforts, use of bilingual staff, location of facilities, effectiveness of the Cuban Refugee Program, etc. One other possible explanation may be the diversity of eligibility criteria among the three states. As an

example, California may have more liberal eligibility criteria for Medicaid than either Illinois or New York, therefore accounting partly for the greater usage rates. Still a third possible explanation may be citizenship status. Chicago had twice the proportion of refugee/parolee persons than either New

Table 55. Utilization of social services by the New York, Chicago and Los Angeles sample populations*

Type of social service	New York recipients (n=255)		Chicago recipients (n=220)		Los Angeles recipients (n=253)	
	No.	%	No.	%	No.	%
SSI	39	15.5	39	17.9	66	26.6
AFDC	15	5.9	3	1.4	25	10.0
Medicaid	79	31.3	42	19.2	111	44.0
Medicare	43	17.0	62	28.3	51	20.2
Medicaid screening	0	0.0	0	0.0	1	0.4
SSA	21	8.3	39	17.8	25	10.0
Food Stamps	67	26.6	66	30.0	27	10.8
Unemployment	3	1.2	1	0.5	3	1.2
State general assistance	27	10.7	30	13.6	14	5.6

* Percentages do not add to 100 nor numbers to their respective totals because social services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all.

York or Los Angeles (see Table 47). A majority (58.1%) of the persons from Los Angeles were legal residents compared to about forty percent from either New York or Chicago. Of the three cities, New York has the largest proportion (50.2%) of persons who are U.S. citizens.

Some insight can be obtained about these three probable explanations by examining the kinds of the difficulties reported by social service recipients in the three cities. These results are illustrated in Tables 56, 57, and 58 for New York, Chicago and Los Angeles, respectively. It should be pointed out though, that generally the proportions of reported difficulties were relatively small. This was especially so of the recipients from Los Angeles. Nevertheless, a tenuous indication of the kinds of problems experienced by these recipients can be observed.

At least two similarities are apparent among the three cities. One is that the most frequent reported difficulty in all three cities was language. Of the three cities, however, Chicago appears to be experiencing the most problems with language, followed by New York and then Los Angeles. The second similarity is between New York and Los Angeles. Recipients in these two cities frequently complained about the "red tape" involved using these services. This second similarity, when considered jointly with the language difficulties reported by these same recipients, undoubtedly contributed to a certain amount of frustration among the users of these services.

Some differences among these three cities are also apparent. One is the kinds of difficulties reported by recipients from Los Angeles as contrasted to those reported in New York and Chicago. By far, the most frequently reported problem in Los Angeles were with or related to transportation. A second difference pertains to State General Assistance. New York had the largest proportion (46.7%) of persons who reported difficulty with this type of service than either of the two other cities (Chicago, 18.8% and Los Angeles, 9.1%). In addition, it was the most frequently reported problem by recipients in New York. A third difference is that a considerably larger proportion of persons using Medicare in Chicago (28.2%) than in either New York (6.7%) or

Table 56. Utilization of social services and difficulties experienced by New York respondents*

Type of social service	Utilization (n=98)		Percent reporting difficulties	Major difficulties identified	Percent of all complainants reporting each major difficulty
	No.	%	%		
SSI	14	14.7	14.3	language	50.0
				red tape	50.0
AFDC	3	3.1	33.0	red tape	100.0
Medicaid	31	32.0	29.0	time lag	22.0
				red tape	44.0
				language	22.0
Medicare	16	16.5	6.7	language	100.0
SSA	10	10.2	25.0	language	100.0
Food Stamps	29	29.6	35.7	red tape	40.0
				time lag	30.0
				language	20.0
State general assistance	16	16.5	46.7	red tape	43.0
				time lag	14.0
				language	14.0

* Medicaid screening and unemployment were omitted from the table because of low utilization. Percentages do not add to 100 nor numbers to 98 because services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Table 57. Utilization of social services and difficulties experienced by Chicago respondents*

Type of social service	Utilization (n=100)		Percent reporting difficulties	Major difficulties identified	Percent of all complainants reporting each major difficulty
	No.	%	%		
SSI	26	26.0	11.5	language	100.0
AFDC	1	1.0	0.0	---	---
Medicaid	17	17.0	12.5	language	100.0
Medicare	39	39.0	28.2	language red tape	40.0 18.0
SSA	25	25.0	24.0	language	90.0
Food Stamps	34	34.0	29.4	language red tape	70.0 20.0
State general assistance	17	17.0	18.8	language	100.0

* Medicaid screening and unemployment were omitted from the table because of low utilization. Percentages do not add to 100 nor numbers to 100 because services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Table 58. Utilization of social services and difficulties experienced by Los Angeles respondents*

Type of social service	Utilization (n=103)		Percent reporting difficulties	Major difficulties identified	Percent of all complainants reporting each major difficulty
	No.	%			
SSI	40	40.0	15.0	red tape	33.0
				transportation	33.0
				language	33.0
AFDC	8	7.9	12.5	transportation	100.0
Medicaid	55	53.4	17.0	transportation	40.0
				red tape	40.0
				language	20.0
Medicare	27	26.2	7.7	transportation	50.0
				language	50.0
SSA	14	13.7	15.4	red tape	100.0
Food Stamps	12	11.7	11.1	transportation	100.0
State general assistance	12	11.7	9.1	location of facility	100.0

* Medicaid screening and unemployment were omitted from the table because of low utilization. Percentages do not add to 100 nor numbers to 103 because services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Los Angeles (7.7%) reported some difficulty in using the service. Fourth and final is the difference in persons reporting difficulties with Medicaid. A considerably larger proportion of Medicaid recipients in New York (29%) than in Chicago (12.5%) or Los Angeles (7%) reported difficulties in using the service.

Findings

1. There are no relatively consistent or similar overall service usage patterns among the three cities.

2. Notably different utilization rates among Medicare and SSA users exist in all three cities, but particularly in Los Angeles and New York.

3. Language was the most frequently reported difficulty in all three cities.

4. Sampled recipients in New York and Los Angeles frequently complained about the "red tape" involved in social service utilization. By far, the most frequently reported problem in Los Angeles was with or related to transportation.

Recommendations

1. A user study should be conducted to determine if the sampled Cuban elderly in the purposive cities are underutilizing SSA because of eligibility or due to other factors such as lack of information about this benefit.

2. Access to social services by sampled Cubans in the three cities would improve with an increase in the number of bilingual personnel in social welfare offices. Also, an integrated transportation and translation service for Los Angeles is recommended as a cost-efficient method of resolving their language and transportation difficulties.

Health Services Utilization

The findings on the utilization of health services by Cuban households in the New York, Chicago and Los Angeles purposive samples are presented in this section. As mentioned in the introductory section to this chapter, these findings are based on a small purposive sample design which limits making generalizations to the Cuban populations in these three cities. In addition, it was not possible to do a similar analysis to the one done for utilization of health services in Miami and Union City because of the small number of cases in some of the cells.

The various types of health services used by persons in households from the three cities are compared in Table 59. As expected, the most common type of service used by all households was the private health practitioner -- nearly nine of every ten households. The next most frequently used service by all households was the private hospital, but the New York households used them considerably less than those from either Chicago or Los Angeles. One of every five households (20 percent) in New York used this service while one of every three from Chicago (33 percent) and Los Angeles (34 percent) used it. Similar proportions of households used the private clinic in New York (9 percent) and Los Angeles (9.7 percent), and about half as many in Chicago (4 percent).

It seems that the most significant variations among the three cities is in the usage patterns of the public sector. Overall, households from Chicago used the public hospital, public clinic and public immunization services considerably less than households from either New York or Los Angeles. Since it is not possible to explain this outcome on the basis of these data, further investigation of this finding appears warranted.

As was the case for Miami and Union City, services of the "santero", nursing home, and E.P.S.D.T. were rarely used.

Table 59. Utilization of health services by New York, Chicago and Los Angeles sample households[a]

Type of health service	New York households (n=98) No.[b]	%	Chicago households (n=100) No.[b]	%	Los Angeles households (n=103) No.[b]	%
Santero	1	1.0	1	1.0	2	2.0
Health practitioner	88	88.0	87	87.0	90	87.4
Private clinic	9	9.0	4	4.0	10	9.7
Private hospital	20	20.0	33	33.0	35	34.0
Public hospital	5	5.0	2	2.0	10	9.7
Public clinic	19	19.0	5	5.0	14	13.6
Public immunization	12	12.0	5	5.0	15	14.5
E.P.S.D.T.	0	—	0	—	1	1.0
Nursing home	3	3.0	-	—	0	—

[a] Percents do not add to 100 nor numbers to their respective totals because health services do not constitute mutually exclusive categories, i.e., a person may utilize more than one service or none at all.

[b] Household frequencies are calculated on whether any one person from a household utilized an individual service, i.e., the respondent or some other person.

Unlike the various kinds and frequency of difficulties expressed by persons from Miami and Union City, persons from New York, Chicago and Los Angeles reported relatively few difficulties. Only seven persons from the New York sample reported any problems (Table 60). Persons from the remaining two cities were, for the most part, experiencing problems with

language (Tables 61 and 62). While these results may be considered unique to these purposive samples and not generalizable to the their respective communities, the pattern of difficulties can hardly be ignored. At a minimum, further inquiry about this apparent problem is justified.

Table 60. Utilization of health services and difficulties experienced by New York respondents (n=98)*

Type of health service	Utilization		Percent reporting difficulties	Major difficulty identified	Difficulties identified	
	No.	%	%		No.	%
Santero	1	1.0	0.0	—	—	—
Health practitioner	74	75.5	16.2	cost of service	5	41.6
Private clinic	7	7.1	28.6	—	—	—
Private hospital	11	11.2	0.0	—	—	—
Public hospital	2	2.0	50.0	—	—	—
Public clinic	11	11.2	18.2	waiting time	2	100.0
Public immunization	4	4.1	0.0	—	—	—
E.P.S.D.T.	1	1.0	0.0	—	—	—
Nursing home	2	2.0	0.0	—	—	—

* Percents do not add to 100 nor numbers to their respective totals as health services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Table 61. Utilization of health services and difficulties experienced by Chicago respondents (n=100)*

Type of health service	Utilization		Percent reporting difficulties	Major difficulty identified	Difficulties identified	
	No.	%	%		No.	%
Santero	0	—		—	—	—
Health practitioner	80	80.0	17.5	language	9	64.2
Private clinic	3	3.0	0.0	—	—	—
Private hospital	24	24.0	25.0	language	3	50.0
Public hospital	2	2.0	0.0	—	—	—
Public clinic	4	4.0	50.0	language	2	100.0
Public immunization	2	2.0	0.0	—	—	—
E.P.S.D.T.	0	—	—	—	—	—
Nursing home	0	—	—	—	—	—

* Percents do not add to 100 nor numbers to their respective totals as health services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Table 62. Utilization of health services and difficulties experienced by Los Angeles respondents (n=103)

Type of Health Service	Utilization		Percent reporting difficulties	Major difficulty identified	Difficulties identified	
	No.	%	%		No.	%
Santero	2	1.9	0.0	—	—	—
Health practitioner	81	78.6	17.5	language transportation	8 3	44.4 16.7
Private clinic	10	9.7	10.0	—	—	—
Private hospital	28	27.2	14.3	cost of service	2	50.0
Public hospital	8	7.8	50.0	unpleasant physical environment	2	50.0
Public clinic	11	10.7	54.5	language	3	50.0
Public immunization	9	8.7	44.4	language	3	75.0
E.P.S.D.T.	0	—	—	—	—	—
Nursing home	0	—	—	—	—	—

* Percents do not add to 100 nor numbers to their respective totals as health services do not constitute mutually exclusive categories, i.e., a person may receive more than one service or none at all. Also, only major difficulties were reported.

Findings

1. Sampled persons used the private health practitioner more than any other single type of health service.

2. Households from New York and Los Angeles used public health services more than Chicago sampled households.

3. In all three purposive sample cities, respondents and their families did not use "santeros" as primary health providers.

4. Cubans in Chicago, Los Angeles and New York do not rely on nursing homes for the care of their elderly.

5. Overall, the percentages of sampled individuals reporting difficulties were higher for public service users than for private service users. The most common difficulties reported were language and cost of service.

Recommendations

1. Further research is needed to identify methods of improving the access of Cubans to public health facilities in the purposive cities. Facilitating an increased use of public health facilties by low-income Cubans seems to be warranted in light of the concerns expressed by them about cost of service and language difficulties.

2. Additional inquiry is also needed to determine why sampled Cubans in Chicago use public health services consideraly less than members of purposive sample households in New York and Los Angeles.

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CUBAN NATIONAL PLANNING COUNCIL

"EVALUATION AND IDENTIFICATION OF POLICY ISSUES

IN THE CUBAN COMMUNITY"

CONTRACT No. HEW-100-78-0045

GENERAL CITIZEN SURVEY INSTRUMENT

OMB No. 85-S-79020

Expires January 1980

ENGLISH

Screening Questions

1. Ask: "IS THERE ANYONE LIVING HERE WHO WAS BORN IN CUBA? OR ONE WHOSE PARENT(S) WAS/WERE BORN IN CUBA? OR WHO CONSIDERS HIM/HERSELF CUBAN OR CUBAN-AMERICAN?"

   a. NO End of Interview
   b. YES Ask 2 and 3

2. "IS THE PERSON PRIMARILY ECONOMICALLY RESPONSIBLE FOR THIS HOUSEHOLD CUBAN?"

   a. NO
   b. YES

3. "IS THE SPOUSE OF THE PERSON WHO IS ECONOMICALLY RESPONSIBLE FOR THIS HOUSEHOLD CUBAN?"

   a. NO
   b. YES

   2; 3 No End of Interview
   2 or 3 Yes: Say: "May I Speak to this (Cuban) Person?"
   2 and 3 Yes: Say: "May I Speak with Either of Them?"

If unavailable arrange an appointment.

QUESTION 1 - DEMOGRAPHIC, EMPLOYMENT AND EDUCATION DATA

"WHO LIVES HERE, INCLUDING ANYONE WHO MAY BE AWAY TEMPORARILY ON BUSINESS, VACATION, IN THE HOSPITAL, AT SCHOOL, ETC.? LET'S START WITH YOURSELF" (respondent).

"PLEASE GIVE ME ONLY FIRST NAMES OR NICKNAMES."

List the names. Then read the list back to the respondent and ask:

"HAVE WE MISSED ANYONE, SUCH AS BABIES OR SMALL CHILDREN, FRIENDS WHO USUALLY STAY HERE, ROOMERS OR BOARDERS, OR HOUSEHOLD HELP WHO LIVE-IN? ANYONE AT ALL?"

List Anyone else identified.

Note: This question corresponds to column 1-A on your answersheet.

B. Ask: "WHO IS THE PERSON PRIMARILY ECONOMICALLY RESPONSIBLE FOR THIS HOUSEHOLD?"

Place a "1" in column B beside this person's name.

If Respondent is not sure, ask:

"WELL, WHO PAYS MOST OF THE BILLS?
GIVE ME THE NAME OF ONLY ONE PERSON."

C. For Each person listed, ask:

"HOW IS (name of person) RELATED TO YOU?"

and record the relationship in the space next to the name.

(e.g. "mother", "friend", "grandchild", etc.

CODING:

Assign a relationship code from the following list. Remember to assign a unique code to each person in the household.

01= Respondent
02= Respondent's spouse boyfriend/girlfriend
(normally living in the same house)
03= 10= Children of Respondent or of Respondent's spouse (natural, adopted, or step-children)
11-12= Respondent's (son/daughter)-in-law
17-22= Respondent's brothers/sisters/brothers-/sisters-/in-law
23-28= Respondent's grandchildren
29-32= Respondent's grandparents
33-35= Respondent's aunts or uncles
36-39= Other related children
40-43= Other related adults
44-46= Nonrelated children (including foster)
47-50= Nonrelated adults (including roommates and boarders)
98= Relationship unknown to respondent
99= Missing data

D. SEX

Write MALE or FEMALE in the space corresponding to each name. Attribute Sex, whenever possible, on the basis of name and gender of relationship's name

If unable to attribute, ask:
"WHAT SEX IS (name of person)?"

CODE:

1. Male
2. Female

E. For each person listed, ask:

"IS (name of person) CUBAN? THAT IS, WAS HE/SHE BORN IN CUBA, OR OF CUBAN PARENTAGE, OR CONSIDERS HIM/HERSELF CUBAN OR CUBAN-AMERICAN?"

Write in NO

or YES-CUBAN

in the space.

CODE:

1. No (not Cuban)

2. Yes (Cuban)

F. For each person listed, ask:

"IN WHAT COUNTRY WAS (Name of person) BORN?"

and write in the name of the country legibly and in full.

CODING:

No coding is to be done on this question until it arrives back in the Miami office.

G. For each person listed, ask:

"WHAT IS (name of person)'s CITIZENSHIP STATUS AS OF TODAY? IS HE/SHE A U.S. CITIZEN? U.S. PERMANENT RESIDENT, CUBAN REFUGEE OR PAROLEE, OR SOME OTHER STATUS?"

Write out Respondent's answer in column 6.

CODING:

1. Cuban refugee or parolee
2. U.S. permanent resident
3. U.S. citizen
4. Other (Specify)_____

H. For each person listed ask:

"HOW LONG HAS (name of person) BEEN IN THE U.S.?"

Record the number of years.

CODING:

Raise to next full year.

e.g. if less than one year, code 1

one to two years, code 2, etc.

I. For each person listed ask:

"HOW OLD IS (name of person)?"

if Respondent is not sure of age, say:

"WELL, GIVE ME HIS/HER AGE MORE OR LESS".

Record the number of years.

If less than one year, record 1.

J. For each person listed 14 years or older, ask:

"Is (name of person) SINGLE, WIDOWED, SEPARATED, DIVORCED, OR MARRIED?"

Write out the answer in column J.

CODING:

1. Single
2. Widowed
3. Separated
4. Divorced
5. Married

K. For each person listed, ask:

"WHAT RACE IS (name of person)?"

*present card with options

Record the answer in column K.

CODING:

1. White
2. Asian
3. Black
4. Other

L. For each person listed aged 14 or over, ask:

"DID (name of person) WORK FOR PAY LAST WEEK?"

Record

NO Ask: "DOES HE/SHE USUALLY WORK OUTSIDE THE HOME?"

YES Ask: "IS THIS REGULAR OR TEMPORARY OR SEASONAL WORK?"

Record the answer in column L.

CODING:

1. No, does not work outside the home
2. No, currently unemployed

3. Yes, temporary, seasonal or intermittent work
4. Yes, regular or year round work

M. For each person listed, ask:

"DOES (name of person) USUALLY WORK PART-TIME, SEVERAL PART-TIMES, FULL-TIME, OR MORE THAN ONE FULL-TIME JOB?"

Record the answer in column M.

CODING:

0. Does not work outside the home
1. Part-time
2. Two or more part-times
3. Full-time (one job)
4. More than one full-time job

N. Ask:

"WHAT TYPE OF WORK DOES HE/SHE USUALLY DO?"

Write down respondant's answer verbatim.

CODING:

OCCUPATIONAL CODES

01-Service worker (including private household)
02-Farm laborer, farm supervisor
03-Farmer
04-Operative, including transportation
05-Craft or kindred worker
06-Clerical worker
07-Sales worker
08-Farm manager
09-Managers and administrators, except farm
10-Professional and technical workers

O. For each person listed, ask:

"WHAT WAS THE LAST GRADE IN SCHOOL (name of person) COMPLETED IN THE U.S.?"

Record the answer in column O.

11= Number of grade(s) completed
12= High school diploma or equivalent
13= One year of college
14= Two years of college or AA degree
15= Three years of college
16= College graduate
17= Some graduate school

18= Master's degree
19= One year of post-Master's work
20= Two or more years of post-Master's work
21= Ph.D., M.D., etc.

P. For each person listed ask:

"WHAT WAS THE LAST GRADE IN SCHOOL (name of person) COMPLETED OUTSIDE THE U.S.?"

Record the answer in column P.

CODING:
11= Number of grade(s) completed
12= High school diploma or equivalent
13= One year of college
14= Two years of college or AA degree
15= Three years of college
16= College graduate
17= Some graduate school
18= Master's degree
19= One year of post-Master's work
20= Two or more years of Post-Master's work
21= Ph.D., M.D., etc.

Q. For each person listed, ask:

"IS (name of person) CURRENTLY ENROLLED IN SCHOOL?"

NO: record a "NO" in column Q.

YES: Ask: "IN WHAT TYPE OF PROGRAM?"

and record the answer in column Q.

CODING:

1. Not enrolled in any program
2. Yes, enrolled in a regular academic program (elementary or high school)
3. Yes, enrolled in a special program (elementary or high school)
4. Yes, enrolled in vocational and/or technical school or certificate program
5. Yes, enrolled in college or university (including graduate school)
6. Nursery or day-care (group setting) below kindergarten level

R. For each person enrolled in school, Ask:

"IS (name of person) ENROLLED IN A BILINGUAL CLASS OR PROGRAM? THAT IS, IS HE/SHE ATTENDING CLASSES IN HIS/HER REGULAR SUBJECTS PART OF THE DAY IN SPANISH, AND PART OF THE DAY IN ENGLISH?"

This does not include people who receive classes all day in English but take one Spanish class.

Record the answer in column R.

CODING:

1. No
2. Not Sure
3. Yes

S. For each person enrolled in school, Ask:

"IS (name of person) IN PUBLIC OR PRIVATE SCHOOL?"

Record the answer in column S.

CODING:

1. Public
2. Private (including parochial)

T. "IS (name of person) RECEIVING ANY FORM OF FINANCIAL AID TO COVER TUITION OR LIVING EXPENSES?"

No, write "NO" in the space

Yes, ask: "WHAT TYPE OF AID IS THIS?"

GRANT	record grant and write in title of grant if known, if not known, ask "GOVERNMENT? or PRIVATE?" and record answer.
LOAN	record loan and write in title of program if not known, ask 'GOVERNMENT? or PRIVATE?" and record answer.
SCHOLARSHIP	record scholarship and write in title of scholarship if known, if not known, ask "GOVERNMENT? or PRIVATE?" and record answer.

WORK STUDY — record work study and write in title of Work Study if known, if not known, ask "GOVERNMENT? or PRIVATE?" and record answer.

QUESTION 2 - HEALTH DATA

Say: "THE FOLLOWING QUESTIONS ARE ABOUT THE TYPES OF MEDICAL OR HEALTH SERVICES YOU OR YOUR FAMILY MAY HAVE USED."

A. Ask: "WHAT TYPES OF MEDICAL SERVICES HAVE YOU OR YOUR FAMILY USED IN THE PAST YEAR?"

CODE: a "1" in the space next to each service name

For each service used, ask questions: B, C, D, E, F, G, and H.

After the above process has been followed for each service used, then, ask I and J for each service not used.

B. For each service used, ask:

"WHO USED THIS SERVICE? WAS THIS YOURSELF, OR ANOTHER HOUSEHOLD MEMBER?" and record the answer in column B.

CODING:

1. Self (Respondent) only
2. Self (Respondent) and other
3. Only other (ask only C, then go to next service listed)

C. For each service used, ask:

"HOW MANY TIMES DID YOU/HE/SHE USE THIS SERVICE IN THE PAST YEAR?"

Record the number of times in column C.

D. For each service used by Respondent ask: "HOW DID YOU FIRST LEARN ABOUT THIS SERVICE?"

Write down the answer verbatim.

CODING:

1. Through a friend or relative
2. Through Spanish-Language media (radio, T.V., newspaper)

3. Through staff at another program (informally)
4. Formal referral from other program
5. Through English-language media (radio, T.V., newspaper)

E. For each service used by Respondent, ask: "WHAT IS THE REASON YOU USE THIS SERVICE?"

Record answer verbatim in the space provided.

CODING:

1. Advice of friends or relatives
2. Recommended by own doctor
3. Language of service
4. Positive relationship with staff or doctor
5. High quality of the service available there
6. Specific type of service
7. Very low cost of service
8. Fair or reasonable cost of service
9. High cost of service
10. Location of service facility
11. Time schedule of service facility is convenient/makes it accessible
12. Services always available

F. For each service used by respondent, ask: "IN WHAT LANGUAGE DO YOU COMMUNICATE WITH THE STAFF AT THIS FACILITY?"

Record the code from the list below.

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish/English about the same
4. Mostly English, some Spanish
5. English all the time

G. For each service used, ask: "DID YOU HAVE ANY DIFFICULTY IN GETTING THE HELP YOU WANTED?"

Write down Respondent's answers verbatim.

CODING:

1. Unpleasant physical environment
2. Lack of Day Care
3. Lack of transportation
4. No one to stay at the house in Respondent's absence
5. Language difficulties
6. Discrimination
7. Don't qualify for program sought
8. "Red Tape" (paperwork, complicated or lengthy processing, etc.)

9. Cost of service
10. Location of service facility
11. Time-lag on waiting list/delayed entry
12. Inconvenient office or service hours
13. No space available/program full
14. Type of service desired or needed not available in area
15. Poor quality of service
16. No medical services (at all) available in area
17. Other.

H. Satisfaction Index

For each service used by Respondent, ask the following four questions and record the answer in columns H-1, H-2, H-3, and H-4, and the Total in H-5.

SI-1 "DO YOU FEEL THAT YOU WERE HELPED/THAT YOUR PROBLEM WAS SOLVED/THAT YOUR NEED WAS MET?"

1. Not at all
2. Very little
3. Partly helped
4. Not completely solved/met, but the most that was possible
5. Yes

SI-2 "ARE YOU SATISFIED WITH THE WAY YOU WERE TREATED?"

1. No, I'm highly dissatisfied
2. Not very satisfied
3. Neutral/no particular feeling
4. Fairly satisfied
5. Yes, highly satisfied

SI-3 "WOULD YOU RETURN TO THIS PLACE IF YOU HAD THE SAME OR A SIMILAR PROBLEM OR NEED?"

1. Never
2. Doubtful
3. Not sure, depends on circumstances
4. Probably
5. Yes, certainly

SI-4 "IF A FRIEND OR RELATIVE HAD A SIMILAR PROBLEM OR NEED AND ASKED YOU WHERE TO GO, WOULD YOU BE WILLING TO RECOMMEND THIS SERVICE/PLACE?"

1. No
2. Doubtful
3. Maybe, depends on circumstances
4. Probably
5. Certainly, definitely

H-5 Totals - sum of scores SI-1 through SI-4 _____

I. For each service not used by Respondent (or other) Ask:

"YOU DIDN'T NAME (THIS SERVICE) AMONG THE ONES YOU SAID YOU USED. HAVE YOU OR ANY HOUSEHOLD MEMBER USED THIS SERVICE IN THE PAST YEAR?"

YES place a "1" in A, ask B through H
NO Ask:

"WOULD YOU OR YOUR FAMILY USE THIS SERVICE IF YOU NEEDED IT?"

Write the answer in column I.

CODING:

1. No
2. Yes

J. Ask:

"DID YOU OR ANY OTHER MEMBER OF YOUR HOUSEHOLD HAVE A HEALTH PROBLEM FOR WHICH YOU DID NOT OBTAIN MEDICAL OR HEALTH SERVICE?"

NO: Write in No, code "12"
(service not needed)

YES: For each service not used, Ask:

"WHY DON'T/DIDN'T YOU USE THIS SERVICE?"

Write down Respondent's answer verbatim.

CODING:

1. Don't believe in this type of service
2. Advice of friend(s) or relative(s)
3. Own doctor's advice
4. Language
5. Poor relationship with staff
6. Poor quality service
7. Cost of service
8. Location of service facility
9. Paper work
10. Scheduled time for service inconvenient
11. Services do not exist/are not available in area
12. Service not needed

QUESTION 3 - GOVERNMENT SERVICES UTILIZATION DATA

"THE FOLLOWING QUESTIONS RELATE TO VARIOUS GOVERNMENT PROGRAMS AND SERVICES. YOU MAY NOT HAVE USED ANY OF THEM; OR YOU MAY HAVE USED ONE OR SEVERAL. EITHER WAY, YOUR ANSWERS WILL HELP US TO HAVE A CLEARER PICTURE OF HOW THESE SERVICES ARE REACHING CUBANS."

Instructions to Interviewer.

Read the following services and explanations one at a time, and ask A-H for each one before going to the next:

1. Supplemental security income
2. Aid to families with dependent children
3. Medicaid (low income)
4. Medicare (elderly)
5. Medicaid Screening or early periodic screening, programs, and treatments
6. Social security (retirement)
7. Food stamps
8. Unemployment insurance
9. "ARE YOU OR ANY HOUSEHOLD MEMBER PRESENTLY ENROLLED IN ANY OTHER WELFARE, INCOME-MAINTENANCE OR ECONOMIC ASSISTANCE PROGRAM WE HAVEN'T MENTIONED?"

   "IF SO, WHICH IS THIS?"

   Write in space provided.

A. For each service, ask:

"IS ANYONE IN YOUR HOUSEHOLD RECEIVING (type of service)?"

NO Go to next service on list.

YES "PLEASE LIST EVERYONE WHO IS RECEIVING THIS SERVICE" and write in the names in the space provided.

B. For each person who is receiving <u>each</u> service, ask:

"IS THIS THROUGH THE CUBAN REFUGEE PROGRAM?"

and record the answer.

C. Ask:

"HOW LONG HAS (name of person) <u>ACTUALLY</u> BEEN RECEIVING THIS ASSISTANCE?"

Record number of months.

D. Ask D-G only for services used by Respondent: "HOW DID YOU FIRST LEARN ABOUT THIS PROGRAM?"

and record the answer <u>verbatim</u>.

CODING:

1. Through a friend or relative
2. Through Spanish-language media (radio, T.V., newspaper)
3. Through staff at another program (informally)

4. Formal referral from other program
5. English-language media (radio, T.V., newspaper)

E. "IN WHAT LANGUAGE DO YOU COMMUNICATE WITH THE STAFF AT THIS FACILITY?"

Record the answer in the space provided.

CODING:

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish and English equally
4. Mostly English, some Spanish
5. English all the time

F. Ask:

"DID YOU HAVE ANY DIFFICULTY IN GETTING THE HELP YOU WANTED?"

Record the answer <u>verbatim</u> in the space provided.

CODING:

1. Unpleasant physical environment
2. Lack of day care
3. Lack of transportation
4. No one to stay at the house if Respondent leaves
5. Language difficulties
6. Discrimination
7. Don't qualify for program sought
8. "Red Tape" (paperwork, complicated or lengthy processing, etc.)
9. Cost of services
10. Location of service facility
11. Time-lag on waiting list/delayed entry
12. Inconvenient office or service hours
13. No space available/program full
14. Type of service desired or needed not available in area
15. Poor quality of service
16. No services (at all) available in area
17. Other

G. Satisfaction Index

For each service used by respondent ask the following four questions:

(Read the choices to Respondent.)

SI-1 "DO YOU FEEL THAT YOU WERE HELPED/THAT YOUR PROBLEM WAS SOLVED/THAT YOUR NEED WAS MET?"

1. Not at all
2. Very little
3. Partly helped

4. Not completely solved/met, the most that was possible.
5. Yes

SI-2 "ARE YOU SATISFIED WITH THE WAY YOU WERE TREATED?"

1. No, I'm highly dissatisfied
2. Not very satisfied
3. Neutral/no particular feeling
4. Fairly satisfied
5. Yes, highly satisfied

SI-3 "WOULD YOU RETURN TO THIS PLACE IF YOU HAD THE SAME PROBLEM OR NEED?"

1. Never
2. Doubtful
3. Not sure, depends on circumstances
4. Probably
5. Yes, certainly

SI-4 "IF A FRIEND OR RELATIVE HAD A SIMILAR PROBLEM OR NEED AND ASKED YOU WHERE TO GO, WOULD YOU BE WILLING TO RECOMMEND THIS SERVICE/PLACE?"

1. No
2. Doubtful
3. Maybe, depends on circumstances
4. Probably
5. Certainly, definitely

S-5 Totals - Sums of Score SI-1 through SI-4

QUESTION 4 - INCOME

A. Ask:

"WHAT WAS YOUR HOUSEHOLD'S TOTAL INCOME FOR THE LAST 12 (TWELVE) MONTHS, INCLUDING ANY MONEY EARNED FROM YOUR JOB OR THE JOB(S) OF OTHER HOUSEHOLD MEMBERS, PART-TIME, TEMPORARY, OR OVERTIME WORK, INVESTMENTS, BUSINESSES, INTEREST ON BANK ACCOUNTS, PATENTS, ROYALTIES, OR ANY OTHER SOURCE?"

Record the amount given.

FOR RESPONDENT ONLY

B. Ask:

"WHAT WAS YOUR PERSONAL TOTAL INCOME FOR THE LAST 12 (TWELVE) MONTHS, THIS INCLUDES ANY MONEY EARNED FROM YOUR JOB, FROM PART-TIME OR OVERTIME WORK, INVESTMENTS, BUSINESSES, INTEREST IN BANK ACCOUNTS, PATENTS, ROYALTIES OR ANY OTHER SOURCE?"

Record the amount given.

C. Ask:

"WHAT IS YOUR PRIMARY SOURCE OF INCOME?"

Record answer verbatim.

D. Ask:

"WHAT ARE YOUR SOURCES OF ADDITIONAL INCOME IF ANY?"

Record answer verbatim.

QUESTION 5 - LANGUAGE USE

Ask for Respondent only.

(Read choices to Respondent.)

A. "WHAT LANGUAGE DO YOU SPEAK AT HOME?"

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish and English equally
4. Mostly English, some Spanish
5. English all the time

B. "WHAT LANGUAGE DO YOU SPEAK AT WORK?"

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish and English equally
4. Mostly English, some Spanish
5. English all the time

C. If Respondent is in school, ask:

"WHAT LANGUAGE DO YOU SPEAK IN SCHOOL?"

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish and English equally
4. Mostly English, some Spanish
5. English all the time

D. "IN WHAT LANGUAGE ARE THE RADIO PROGRAMS YOU LISTEN TO?"

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish and English equally

4. Mostly English, some Spanish
5. English all the time

E. "IN WHAT LANGAUGE ARE THE NEWSPAPERS AND MAGAZINES YOU READ?"

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish and English equally
4. Mostly English, some Spanish
5. English all the time

F. "IN WHAT LANGUAGE ARE THE TELEVISION PROGRAMS YOU WATCH?"

0. N/A
1. Spanish all the time
2. Mostly Spanish, some English
3. Spanish and English equally
4. Mostly English, some Spanish
5. English all the time

Say: "THANK YOU FOR YOUR HELP. WE HAVE FINISHED THE QUESTIONNAIRE. HOWEVER, BECAUSE OF OUR ADMINISTRATIVE PROCEDURES, MY SUPERVISOR WILL CALL SOME OF MY INTERVIEWEES TO VERIFY THAT I VISITED AND TALKED TO THEM. PERHAPS, MY SUPERVISOR WILL ASK FOR VERIFICATION OF SOME OF THE ANSWERS YOU GAVE ME. DO YOU GIVE PERMISSION TO HAVE MY SUPERVISOR CALL YOU?"

1. NO - Say: "THANK YOU FOR YOUR TIME AND ASSISTANCE."

2. YES - Say: "THANK YOU. CAN YOU GIVE ME YOUR TELEPHONE NUMBER, FOR THAT PURPOSE ONLY?"

Tel. No._____

Ask: "WHAT TIME WOULD BE CONVENIENT FOR MY SUPERVISOR TO CALL YOU?"

Say: "THANKS AGAIN FOR YOUR TIME AND HELP".